

EXHIBIT

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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE NATIONAL)
PRESCRIPTION OPIATE)
LITIGATION)
)
THIS DOCUMENT RELATES TO:) MDL No. 2804
Track Nine: Tarrant)
County, Texas) Case No. 17-md-2804
)
(Case No.) Judge Dan Aaron Polster
(1:18-op-45274-DAP))
)
TARRANT COUNTY,)
)
Plaintiff,)
)
v.)
)
PURDUE PHARMA L.P.,)
et al.,)
)
Defendants.)

ORAL AND VIDEOTAPED DEPOSITION OF
G.K. MAENIUS
AS 30(B)(6) REPRESENTATIVE FOR TARRANT COUNTY
FEBRUARY 29, 2024

<p style="text-align: right;">Page 2</p> <p>1 ORAL AND VIDEOTAPED DEPOSITION OF G.K. MAENIUS, 2 AS 30(B)(6) REPRESENTATIVE FOR TARRANT COUNTY, produced 3 as a witness at the instance of the Defendants, and duly 4 sworn, was taken in the above-styled and numbered cause 5 on the 29th day of February, 2024, from 9:41 a.m. to 6 7:32 p.m., before Julie C. Brandt, RMR, CRR, and CSR in 7 and for the State of Texas, reported by machine 8 shorthand at Veritext Legal Solutions, 300 Throckmorton 9 Street, Suite 1600, Fort Worth, Texas, pursuant to the 10 Federal Rules of Civil Procedure. 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 4</p> <p>1 ALSO PRESENT: 2 Mark C. Kratovil - Tarrant Co. Asst. Criminal D.A. 3 Craig Price - Tarrant Co. Chief, Civil Div. (Zoom) 4 Sadie Turner - Turner Law Firm 5 Megan King - Veritext Videographer 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES 2 3 FOR THE PLAINTIFF TARRANT COUNTY: 4 Evan M. Janush 5 Leila Ayachi 6 Alex Abston (via Zoom) 7 THE LANIER LAW FIRM, PC 8 10940 W. Sam Houston Pkwy N. 9 Suite 100 10 Houston, Texas 77064 11 713-659-5200 12 alex.abston@lanierlawfirm.com 13 leila.ayachi@lanierlawfirm.com 14 evan.janush@lanierlawfirm.com 15 16 FOR THE ALBERTSONS DEFENDANTS: 17 Peter S. Wahby 18 Allison Stewart 19 GREENBERG TRAURIG, LLP 20 2200 Ross Avenue 21 Suite 5200 22 Dallas, Texas 75210 23 214-665-3600 24 stewart@gtlaw.com 25 peter.wahby@gtlaw.com</p>	<p style="text-align: right;">Page 5</p> <p>1 INDEX 2 PAGE 3 Appearances..... 3 4 Proceedings..... 8 5 G.K. MAENIUS 6 Examination by Mr. Wahby..... 9 7 Examination by Mr. Janush..... 240 8 Further Examination by Mr. Wahby..... 267 9 Further Examination by Mr. Janush..... 270 10 Further Examination by Mr. Wahby..... 272 11 Further Examination by Mr. Janush..... 274 12 Signature and Changes..... 280 13 Reporter's Certificate..... 282 14 15 DEPOSITION EXHIBITS IDENTIFIED 16 Exhibit 1 Notice of Deposition 13 17 Exhibit 2 Index of Documents 64 18 Exhibit 3 Sept. 21, 2015 email with 65 19 attachments 20 CHAL0001041 - 0001196 21 Exhibit 4 Oct. 24, 2016 email with 73 22 attachment 23 ALB-MDLCT9-00001088 - 00001089 24 Exhibit 5 Aug. 2017 email string 74 25 ALB-MDLCT9-00002988 - 00002989 26 27 Exhibit 6 Handwritten notes 86 28 29 Exhibit 7 Challenge of Tarrant County 123 30 Drug Impact Index 2015 31 CHAL0000742 - 0000768 32 33 Exhibit 8 Tarrant County press release 135 34 "Tarrant County Administrator 35 G.K. Maenius Announces 36 Retirement" 37 Exhibit 9 12/12/2018 email with article in 151 38 Austin American Statesman 39 TARRANT_00052243 - 00052245 40</p>

<p>1 Exhibit 10 12/4/2017 email string 169 TARRANT_00693999 - 00694000</p> <p>2</p> <p>3 Exhibit 11 Plaintiff Tarrant County's 192 Supplemental and Amended 4 Allegations to be Added to "Short form for Supplementing 5 Complaint and Amending Defendants and Jury Demand"</p> <p>6 Exhibit 12 3/29/2018 email string and 207 attachment of Opioids in 7 Tarrant County TARRANT_00343779 - 00343781</p> <p>8</p> <p>9 Exhibit 13 Intelligence Bulletin from 210 Texoma HIDTA TARRANT_00893103 - 00893105</p> <p>10</p> <p>11 Exhibit 14 8/2/2019 email and attachments 214 TARRANT_00084460 - 00084463</p> <p>12 Exhibit 15 3/27/2019 email string and 217 attachment 13 TARRANT_00854340 - 00854342</p> <p>14 Exhibit 16 Nov. 15, 2021 letter and 219 attachments 15 CHAL0000256 - 0000264</p> <p>16 Exhibit 17 Nov. 15, 2022 letter and 223 attachments 17 CHAL0000265 - 0000274</p> <p>18 Exhibit 18 8/17/2022 email with attachment 229 TARRANT_00990454 - 00990456</p> <p>19</p> <p>20 Exhibit 19 5/24/2021 email TARRANT_00992946 230</p> <p>21</p> <p>22 Exhibit 20 Nov. 2021 email string excerpt 232 TARRANT_00919583</p> <p>23</p> <p>24 Exhibit 21 Texoma HIDTA 2019 Threat 254 Assessment April 2019 25 TARRANT_00829233 - 00829269</p> <p>26 Exhibit 22 Challenge of Tarrant County 259 Drug Impact Index 2007 27 CHAL0000550 - 0000577</p>	<p>Page 6</p> <p>1 PROCEEDINGS</p> <p>2 THE VIDEOGRAPHER: We are on the record</p> <p>3 at 9:41 a.m. on February 29th, 2024. This is the</p> <p>4 deposition of G.K. Maenius, in the matter of In Re:</p> <p>5 National Prescription Opiate Litigation, Tarrant County</p> <p>6 versus Purdue Pharma LP, et al., filed in the Northern</p> <p>7 District of Ohio, Eastern Division, Case No. 17-MD-2804.</p> <p>8 This deposition is being conducted at Veritext Fort</p> <p>9 Worth, 300 Throckmorton Street, Suite 1600, Fort Worth</p> <p>10 Texas 76102.</p> <p>11 My name is Megan King representing Veritext,</p> <p>12 and I am the videographer. The court reporter is Julie</p> <p>13 Brandt from the firm Veritext.</p> <p>14 At this time, Counsel, please state your</p> <p>15 appearances for the record.</p> <p>16 MR. JANUSH: Hi. Plaintiff -- on behalf</p> <p>17 of Plaintiff Tarrant County, Evan Janush of The Lanier</p> <p>18 Law Firm. I'm joined by Leila Ayachi and Sadie Turner.</p> <p>19 MR. KRATOVIL: I am Mark Kratovil, and</p> <p>20 I'm with the Tarrant County Criminal District Attorney's</p> <p>21 Office, Civil Division.</p> <p>22 MR. WAHBY: Peter Wahby of Greenberg</p> <p>23 Traurig for Defendant Albertsons and their related</p> <p>24 affiliate/pharmacy Defendants, and with me is Allison</p> <p>25 Stewart.</p>
<p>1 Exhibit 23 Binder Notebook, Tabs 20 - 41 238</p> <p>2 Exhibit 24 Binder Notebook, Tabs 1 - 19 239</p> <p>3 Exhibit 25 Second Amended Notice of 239 Deposition Pursuant to Rule 4 30(B)(6) and Document Requests Pursuant to Rules 30(B)(2) and 5 34 to Plaintiff Tarrant County</p> <p>6 Exhibit 26 Challenge of Tarrant County 270 Drug Impact Index 2010 7 CHAL0000634 - 0000660</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>Page 7</p> <p>1 THE REPORTER: Anybody on Zoom?</p> <p>2 MS. ABSTON: Alex Abston from The Lanier</p> <p>3 Law Firm on behalf of Plaintiffs.</p> <p>4 MR. PRICE: Craig Price for Tarrant</p> <p>5 County.</p> <p>6 G.K. MAENIUS,</p> <p>7 having been first duly sworn, testified as follows:</p> <p>8 EXAMINATION</p> <p>9 BY MR. WAHBY:</p> <p>10 Q. Good morning, sir. As I -- as I said, my name</p> <p>11 is Peter Wahby, and I represent Albertsons and its</p> <p>12 related affiliates in this case. And so I want to thank</p> <p>13 you, first, for your service to Tarrant County. I'm a</p> <p>14 beneficiary of that for all these years.</p> <p>15 A. Thank you.</p> <p>16 Q. So, thank you for all that good work.</p> <p>17 And I want to be sure I'm saying your name</p> <p>18 right. "Maenius"?</p> <p>19 A. Yes, it is.</p> <p>20 Q. Okay. Well, just out of curiosity, what does</p> <p>21 the G.K. stand for, if I can ask you?</p> <p>22 A. Yes, you can. It stands for Gayle Keith.</p> <p>23 Q. Okay.</p> <p>24 A. And that's G-A-Y-L-E.</p> <p>25 Q. What is your current address? I only ask</p>

<p style="text-align: right;">Page 10</p> <p>1 because if we needed to send you a subpoena for some 2 unforeseen reason, we'll probably go through your 3 lawyers, but just in case we needed it. 4 A. It's 4108 Inwood Road. That's with an "I." 5 I-N-W-O-O-D. It's in Fort Worth, Texas, and that's 6 76109. 7 Q. How long have you been at that residence? 8 A. Since a little before 2000. 9 Q. Okay. 10 MR. JANUSH: If I may interrupt just for 11 a moment, and I apologize. 12 Folks are texting me that they can't hear us 13 very well. They can't hear Peter and they couldn't hear 14 me. And I don't think it's -- 15 MR. WAHBY: So is that a volume issue 16 or -- 17 MR. JANUSH: I don't think it's our mic 18 placement. Your mic is fine. 19 THE VIDEOGRAPHER: Y'all are going 20 through that one. 21 THE WITNESS: Do you need me to move my 22 stuff? 23 MR. WAHBY: I wonder if -- if you wanted 24 to put this -- and then you can just grab it when we get 25 to it. I don't know, whatever y'all want to do.</p>	<p style="text-align: right;">Page 12</p> <p>1 try to get down everything without interference between 2 us speaking. 3 Your lawyer will -- or the County's lawyer, 4 rather, may object from time to time. Unless he tells 5 you to not answer my question, after he stated his 6 objection, please go ahead and answer my question to the 7 best of your ability. Okay? 8 A. Yes. 9 Q. And we can take a break any time you would 10 like. I just ask that if there's a question pending, go 11 ahead and answer the question and then we'll take a 12 break after that. 13 It is not a memory test. So, if you're having 14 a hard time remembering or something, just let me know 15 and I will try to clarify the question; or if you don't 16 understand, I will try to ask a better question. Okay? 17 A. Yes. 18 Q. Now there's not any issue that would impact 19 your ability to testify today as it relates to health or 20 memory or anything like that, correct? 21 A. That's correct. I am 72 years old. 22 Q. That's plenty young, sir, for this effort. 23 Now have you given a 30(b)(6) representative -- a 24 corporate representative deposition before? 25 A. Before this particular case?</p>
<p style="text-align: right;">Page 11</p> <p>1 MR. JANUSH: This will be fine. 2 MR. WAHBY: Is that better? 3 MR. JANUSH: She said better. 4 MR. WAHBY: Okay. 5 Q. (BY MR. WAHBY) Okay. And have you ever lived 6 outside of Tarrant County? 7 A. Yes, I have. 8 Q. And where was that? 9 A. I came to Tarrant County in -- from San 10 Marcos, Hays County. And prior to that, I used to live 11 in Austin for a little while. And I was born and raised 12 in Blanco County. 13 Q. Have you given a deposition before? 14 A. Yes. 15 Q. How many? 16 A. Probably two or three. 17 Q. Okay. Have you given one recently? 18 A. No. 19 Q. Okay. So if I can just refresh your 20 experience. I'll ask questions. Just give me a minute 21 to get my question out. 22 A. Sure. 23 Q. Think about it and give me the best, most 24 factual answer that you can. It will be important that 25 we don't talk over one another so our court reporter can</p>	<p style="text-align: right;">Page 13</p> <p>1 Q. Before this, yes. 2 A. No. 3 Q. Okay. And do you have an understanding that 4 you're here today as Tarrant County, not merely as 5 Mr. G.K. Maenius, correct? 6 A. Yes. 7 Q. Okay. I'm going to go ahead and hand you what 8 is marked as Exhibit No. 1. 9 (Exhibit 1 marked.) 10 MR. WAHBY: There you go. 11 MR. JANUSH: Thank you. 12 Q. (BY MR. WAHBY) Exhibit No. 1 is the Second 13 Amended Notice of Deposition pursuant to Rule 30(b)(6). 14 And you're appearing today pursuant to this deposition 15 notice, correct? 16 A. Yes, sir. 17 Q. And have you seen this Second Amended Notice 18 of Deposition before? 19 A. Yes, I have. 20 Q. And you understand that you are appearing 21 today to address a certain number of topics that are 22 listed in that deposition notice, Exhibit No. 1, 23 correct? 24 A. Yes, sir. 25 Q. In particular, you'll be addressing today with</p>

<p style="text-align: right;">Page 14</p> <p>1 your verbal, oral sworn testimony topics 3, 4, 5, 6, 7, 2 8 and 9. Is that your understanding? 3 I'm not trying to evaluate your quick recall 4 of those topics and agreements between counsel, but you 5 do understand that you're here to -- 6 A. Yes, I do. 7 Q. -- address a discrete number of topics? 8 A. Yes. 9 Q. And when you look at topics 3, 4, 5, 6, 7, 8 10 and 9, are you prepared to address those topics? 11 A. To the best of my ability, yes. 12 Q. Okay. Now what is your understanding of being 13 a 30(b)(6) designee for Tarrant County today? 14 A. So my understanding is that I am not an expert 15 witness, but I can provide factual information as it 16 relates to how opioids and -- and everything that's 17 included in opioids distribution has impacted Tarrant 18 County and some of the environments that we see in 19 Tarrant County that are -- that may cause opioid 20 addiction or at least diversion of opioid medications. 21 Q. Okay. Let me direct your attention to topic 22 number 3. 23 A. Yes, sir. 24 Q. Topic number 3 states, Tarrant County's 25 knowledge, as a nonexpert, of illicit opioid and</p>	<p style="text-align: right;">Page 16</p> <p>1 Q. (BY MR. WAHBY) You can answer. 2 A. Okay. 3 Q. That will -- Mr. Janush will object from time 4 to time, but you can go ahead and answer. 5 A. Yeah, so -- so over the last 35 years or so 6 that I've been involved with -- with Tarrant County and 7 also prior to that, I spent six years as head of the 8 Fort Worth Crime Commission and worked with different 9 elements of criminal activity and how it impacted the 10 community at large and also the economic impacts of 11 these types of things. 12 What we have found is that this is an 13 evolving story. It started in -- in -- at a time where 14 that -- that prescription drugs were not -- may not have 15 been as regulated as -- as they should have been, that 16 there was ample access to prescription opioids that -- 17 and it was caused by various factors, but it -- it 18 morphed into a situation, but it still hasn't gone away 19 necessarily from the core of this, in that opioid drugs, 20 be them that were either distributed by -- by the 21 pharmacies themselves or if it was something that people 22 found in the medicine cabinets that were not their 23 drugs, that it led to excess use, which turned into 24 abuse. 25 And whenever that abuse occurred, there became</p>
<p style="text-align: right;">Page 15</p> <p>1 prescription opioid sources, supply, division, use or 2 abuse, and addiction in the geographic area of Tarrant 3 County, and the basis for that knowledge. Correct? 4 A. Yes. 5 Q. It goes on to say, This topic is not intended 6 to elicit testimony on the granular details of 7 particular case files or analyses. But to the extent 8 any such case files or analyses form the basis for the 9 County's knowledge on this topic, the witness shall be 10 prepared to identify them. Correct? 11 A. Yes. 12 Q. Do you have any personal knowledge as it 13 relates to topic 3? 14 A. When you say personal knowledge, would you 15 clarify that, please? 16 Q. There's certain knowledge that perhaps you're 17 prepared to present as the representative of the County 18 that perhaps you've learned through your preparation for 19 this deposition. Aside from that knowledge, did you 20 have -- did you acquire knowledge in the course and 21 scope of your duties as county administrator about that 22 particular topic? 23 A. Yes. 24 Q. Okay. And what is that knowledge? 25 MR. JANUSH: Objection, form.</p>	<p style="text-align: right;">Page 17</p> <p>1 a tightening of the availability of some of these drugs, 2 that it led to other types of opioid uses and movement 3 from -- from hydrocodone, things such as that, to street 4 related drugs that were opioids, such as heroin and, 5 maybe to a lesser extent, some other street drugs. 6 So we saw this in -- in Tarrant County, and it 7 was interesting how it became progressively worse and -- 8 and how it led from one type of drug or one -- you know, 9 one prescription drug to an illicit drug that we found 10 on the street. And so when we saw that -- it wasn't 11 just in the early days, but it began in the early days. 12 We saw that there were indicators that, you 13 know, the drug abuse issue was becoming more and more 14 prevalent. We saw it at the county level through the 15 number of drug arrests that we saw, the number of 16 incarcerations that we had related to either drug cases 17 or individuals who had a drug dependency at the time of 18 this arrest. We saw at -- JPS at that time was the only 19 Level 1 Trauma Center, and it's under the control of the 20 County and the Commissioners Court, and we dealt quite a 21 bit with JPS and the things that they were finding, and 22 the overdoses that they were having to deal with were 23 increasing substantially. 24 So we saw those type of things occurring, and 25 so we also -- you know, there was a decision made, and</p>

<p style="text-align: right;">Page 18</p> <p>1 it was -- I think it was a proper decision at the county 2 level, where that we went ahead and we began to put more 3 emphasis on -- on, you know, identifying the problem 4 itself and trying to attempt to find the solutions. 5 And the solution is not just greater 6 enforcement; it's -- it's treatment, rehabilitation, 7 that type of activity, and then make a determination as 8 to what of those factors that we felt that we could -- 9 we could implement, either through the government itself 10 or funding from the government to nongovernmental 11 organizations, nonprofits that we partnered with and 12 other entities, you know, the various police 13 departments, social service -- social service agencies 14 and just -- and that's just a few. There was a lot more 15 that we coordinated with. 16 And -- and so we knew that this issue was 17 growing, simply because of the output of people going 18 through the system, and -- and so our effort was to 19 really do a multi approach -- multilevel approach in 20 really combating this thing. And you're never going to 21 stop everybody at the front door, and so it was -- it 22 was working with the rehabilitation, working with our 23 court systems. 24 And in some cases, we were having an influx of 25 people that were coming back to the county that, just by</p>	<p style="text-align: right;">Page 20</p> <p>1 you refer to the prescription drugs -- prescription 2 opioids, correct? 3 A. Yes. 4 Q. -- do you have any personal knowledge -- and 5 we'll come to your 30(b)(6) knowledge. 6 Do you have any personal knowledge connecting 7 that narrative that you've recounted to Albertsons or 8 any of its affiliates specifically? 9 A. No, I do not. 10 Q. Okay. And you referred to the diversion of 11 prescription opioids. 12 A. Yes. 13 Q. Do you have any personal knowledge relating to 14 that diversion arising from or relating to Albertsons or 15 any of its affiliates in Tarrant County? 16 A. So, not specifically Albertsons, but there was 17 a significant diversion of medications, or at least 18 prescriptions of medications, that probably should have 19 been caught at the pharmaceutical level or at the 20 pharmacy level. And again, the availability of -- of 21 counterfeit drugs at the very beginning was not nearly 22 as substantial as it is now. So, there's -- there's 23 just a very few ways to get those type of medications, 24 you know. 25 Q. And to be clear, the availability of</p>
<p style="text-align: right;">Page 19</p> <p>1 the nature of where they had been, for example, people 2 that were just getting out of prison, you know, and the 3 difficulties it was to reintegrate with the community, 4 that we detected that there was a substantial problem. 5 And, you know, we -- you know, to someone who hasn't 6 worked in this area, a lot of people simply jumped to, 7 you know, well, the drugs on the street, the heroin and 8 the illicit drugs. 9 But we knew, through our work with DEA and our 10 task forces, we also knew through community programs and 11 surveys that we ran, that really this was a problem that 12 began with prescription drugs that were either abused or 13 diverted from the system, and it led to -- to more 14 substantial use. 15 And the fact that when it got to that point, 16 the costs of actually treating those individuals was 17 substantial, and so there were a tremendous amount of 18 County resources. We moved to work with federal 19 agencies, the federal government, state government, 20 anyplace that we could to -- to make sure that we could 21 get as much money as we could to focus on, you know, not 22 only the prevention, but the enforcement and then the 23 rehabilitation of individuals dealing with opioids. 24 Q. As you recount the evolution of what you 25 recall and what you experienced in Tarrant County and</p>	<p style="text-align: right;">Page 21</p> <p>1 counterfeit drugs, that's an issue separate from your 2 complaints as it relates to the pharmacy's activities, 3 correct? 4 A. Yes, to the extent -- to the extent that 5 counterfeit drugs now have become less expensive and -- 6 and so -- so it's my understanding that people simply 7 don't start using opioids by buying counterfeit drugs. 8 There has to be an initial source, and they build into 9 that, and finally it becomes a financial issue where 10 that -- if they're hooked on the drugs and they need to 11 get it, they're going to go try to find drugs that are 12 either easily available or at a lower cost, depending on 13 if they can actually afford those drugs. 14 Q. And as you sit here, you can't identify a 15 pharmacy or a pharmacist -- strike that. 16 You can't identify an Albertsons pharmacy or 17 an Albertsons pharmacist who you believe specifically 18 contributed to this narrative that you've recounted, 19 correct? 20 MR. JANUSH: Objection, beyond the scope 21 of -- of the notice. 22 Q. (BY MR. WAHBY) You can answer. 23 A. So would you ask the question again? 24 Q. As you sit here, you can't identify an 25 Albertsons pharmacy or affiliated pharmacy or an</p>

<p style="text-align: right;">Page 22</p> <p>1 Albertsons pharmacist who contributed to the narrative 2 that you've recounted, correct? 3 A. Not to my knowledge, and that's really not 4 something that -- that I would have firsthand knowledge 5 on anyway since -- in my position as a county 6 administrator, even as the head of the Crime Commission 7 and some of the things that I was doing with the 8 Governor's Office prior to that, dealing with -- with 9 narcotics and organized crime. 10 The -- I was never into the investigative 11 element of a case, where that I would see the field 12 notes or even read the indictments that would come from, 13 you know, either the US Attorney's Office or the 14 Criminal District Attorney's Office. So I do not have 15 any detailed information about anything specifically 16 related to Albertsons, and that's the reason why. 17 Q. Okay. As you look at topic number 3, who do 18 you believe in Tarrant County would have the most 19 knowledge on this topic? 20 A. It would probably be the -- the -- our task 21 force leaders. Our federal DEA would probably have a 22 substantial amount of information, since the DEA is 23 specifically charged with enforcing the Controlled 24 Substance Act of '70. And in that particular act 25 itself, there are responsibilities that the</p>	<p style="text-align: right;">Page 24</p> <p>1 working a particular suspect that may be interested to 2 either one of those task forces, they can share that 3 intelligence. So those are the three task forces 4 that -- that I am currently aware of. 5 Q. Okay. And so you mentioned task forces and 6 the DEA. Is there any other category of people who you 7 think would be best prepared to address the facts in 8 topic in number 3? 9 A. Well, yes. In fact, when you look at the 10 people that are working on the front line of -- of 11 individuals who are suffering from drug abuse, Mental 12 Health Mental Retardation, MHMR -- and they've changed 13 their name. 14 Q. I think they've changed their name. 15 A. Yeah, MHMR. 16 And you know, they -- a tremendous amount of 17 their activity is involved in -- in, you know -- it 18 starts, you know, as a mental health issue, but drug 19 abuse is a mental health issue. And obviously, John 20 Peter Smith Hospital, simply because -- like I said, 21 they are a Level 1 Trauma Center and they deal with a 22 lot of the overdoses that come in. 23 Our jails -- our jails are critically 24 important, because right now we bring in anywhere from 25 100 to 130 or 140 people a day through the back door of</p>
<p style="text-align: right;">Page 23</p> <p>1 manufacturers, the physicians and also the pharmacies 2 have as it relates to being able to identify a possible 3 red flag issue, and so they would have that. 4 Also, our task forces that we have involving 5 a local, state and federal task force, it's a 6 combination of officers. Whenever our local task forces 7 come into contact with what is believed as an issue 8 dealing with -- with the dispensing of opioids from -- 9 from pharmacies, they tend to hand that off to the DEA 10 and -- however, we do use our people, our officers that 11 are assigned to those task forces to actually -- we use 12 them sometimes as undercover within -- in order to do 13 buys or at least to do surveillance on those pharmacies. 14 Q. Which task force -- which task forces 15 specifically are you referring to? 16 A. So we have a HIDTA task force. We also have a 17 HIT task force. We have a Tarrant County narcotics task 18 force. And there may be one more. I believe those are 19 the three main ones. 20 Of course, those task forces also include not 21 just Tarrant County officers or state officers or 22 federal officers; they're a combination of municipal 23 officers also that contribute manpower to those. We 24 try to group them together so that -- the sharing of 25 intelligence is critically important. If they're</p>	<p style="text-align: right;">Page 25</p> <p>1 the jails, and we -- at that time when they come in 2 through the back door, we do several things for them. I 3 say we; I'm referring to Tarrant County. 4 And one of the things is that we do a physical 5 health triage, and we also do a mental health triage, 6 and there's questions that are required by state law 7 that we ask inmates that are coming in. And when I say 8 through the back door, basically what I'm meaning is 9 that's the entry point for people -- for inmates -- or 10 defendants coming into the jail. 11 And so we have a lot of individuals that come 12 in. They -- you know, they -- they are in a mental 13 state, in a physical state actually, where that they are 14 drug dependent, and -- and it causes a substantial 15 amount of activity in the jail itself because you can't 16 simply let those individuals just go into general 17 population, and you have to make sure that their medical 18 needs are -- are met. 19 So you have a combination of the jail 20 operations. You have -- the health screening is done 21 by -- by John Peter -- or the Hospital District, JPS. 22 And then the -- a mental health screening is done by 23 MHMR. So those collaborative efforts also can identify 24 people that -- that are -- that would have knowledge -- 25 or those individuals would have knowledge of the people</p>

<p style="text-align: right;">Page 26</p> <p>1 that are entering our system that have -- that are 2 either currently using drugs to the point that we have 3 to provide immediate medical care to them or that we 4 have to be very careful so that -- that if they are on 5 drugs and they begin to withdraw from those drugs, that 6 we're able to treat them in our facilities. 7 Q. So are you aware of any written policies or 8 procedures that Tarrant County has as it relates to 9 topic number 3. 10 A. And you need me to always go back to topic 11 number 3 to make sure -- 12 Q. We're going to move on, but right now we're on 13 topic 3. 14 A. Right. 15 So, yes. So others would be the Challenge 16 organization. And Challenge is a group that -- that 17 they're educational, to a certain extent, that they do 18 most of the educational programs or at least -- at least 19 create them or make sure that they're available. They 20 are heavily involved in the drug take back program. 21 They do a -- a report -- I think it's an annual report, 22 talking about -- about drug use and the type of drugs 23 and the severity of that. They team with the DEA to do 24 that. We also have now contracted with them to also 25 assist in our Family Drug Court, and so they provide</p>	<p style="text-align: right;">Page 28</p> <p>1 The District Attorney's Office with our courts 2 also run -- run the D.I.R.E.C.T. Program. That is a 3 court where that individuals with minor offenses, maybe 4 possessions of some minor street drugs, that we can 5 divert them and make sure they don't enter the criminal 6 justice system. A lot of those issues deal with drugs, 7 and it may not be necessarily prescription drugs, but it 8 -- if you look at how people use drugs, then what you're 9 going to find is that they have to start somewhere, and 10 it's either with low use medications or marijuana, 11 things like that, and then they progress, and then 12 eventually prescription drugs come into play. 13 Q. You're -- you're speaking generally about drug 14 abuse in Tarrant County and the programs related, 15 whether it's the Drug Courts or other rehabilitation 16 initiatives to address drug use -- drug abuse generally. 17 Is there anything that you're aware of that relates 18 specifically to prescription drug abuse? 19 A. Well, if you go to the Challenge reports, 20 you -- you'll see that there -- and I have -- and I can 21 refer back to my notes and some of the documents I have 22 with that. They talk -- they talk specifically about 23 prescription drugs. And -- and, you know, hydrocodone 24 is a perfect example, and I can take you to one of their 25 reports that has a chart in it that I will be more than</p>
<p style="text-align: right;">Page 27</p> <p>1 services to the county in that -- in that effort also. 2 As far as a -- a holistic view, there are 3 different departments that -- and entities that have 4 part of a snapshot piece of that. They can tell you -- 5 for example, the Drug Court itself, Drug Court is 6 located in the Family Law Courts, and it deals with -- 7 with people that are pregnant, that -- that have a drug 8 abuse problem, and what they try to do is to make sure 9 that when that baby is born, that baby is clean. And so 10 we have those type of programs. 11 We have a lot of programs that -- and it's 12 kind of interesting, at least it was for me. We have 13 programs that are run by our -- our -- some of them are 14 Criminal County Courts, some of them are Criminal County 15 District Courts, where that our judges have gone above 16 and beyond what you would normally -- what I would 17 normally expect as the duties and responsibilities of a 18 judge sitting in a criminal court. 19 And we have things like the Veterans Court. 20 And so they -- the Veterans Court, a lot of the issues 21 that veterans have now are drug related, and so they 22 deal with those, with those cases. Our goal is -- is 23 not to penalize those individuals, if possible, but 24 to -- to do things that will get them on a more straight 25 path to being clean and productive citizens.</p>	<p style="text-align: right;">Page 29</p> <p>1 happy to make available to you. 2 But still today, and when you look at all the 3 various drugs that are being used, hydrocodone still 4 takes a major, major part of the number of drugs that 5 people -- or the types of drugs that -- that people are 6 using in the -- in the county. There's probably several 7 more items, but those haven't come to -- you know, I can 8 go back and fill in those as they come. 9 Q. So as you review topic number 3, what have you 10 done to prepare to testify on topic number 3 on behalf 11 of Tarrant County? 12 A. So what I've done, I've reviewed a substantial 13 amount of materials. I have looked at the Challenge 14 reports. They have to file those reports with the -- 15 with the County. And so in my role as a county 16 administrator, I was the one that received those 17 initially so that I could present -- so that they could 18 be presented to the Commissioners Court and actually 19 made part of a public record. So it was available to 20 the public to look at. 21 I have reviewed materials that -- that I 22 currently have here, everything from HIDTA reports to 23 reports from Mental Health Mental -- I'm sorry, MHMR. I 24 have reports from the Medical Examiner's Office that I 25 reviewed, and probably a lot more that -- that -- I've</p>

<p style="text-align: right;">Page 30</p> <p>1 seen presentations that were made by Public Health, by 2 UNT Health Science Center, some of their studies. And 3 so those and -- and a bunch more documents that I have 4 reviewed. I've talked to several people about, not only 5 the problem itself -- 6 Q. You can go ahead. 7 A. Okay. 8 -- the problem itself, but some of the things 9 that the County is doing and -- and -- just to refresh 10 my memory, and those are the type of activities that I 11 did to prepare for this. 12 Q. And who did you talk to? 13 A. So I talked to Calvin Bond, who is -- who is 14 now the chief deputy of -- for the Sheriff's Department, 15 but Calvin is a retired -- fully retired DEA special 16 agent. He has been head of our task forces on drugs, 17 someone who has been involved on the DEA side with -- 18 with pharmaceutical issues that we're talking about 19 today at the DEA level. He's been heavily involved in 20 commanding our narcotics groups. He has always been -- 21 first of all, he's a very intelligent man on -- on this 22 topic, but he has always been the person that I have 23 gone to to fully understand some of the issues that -- 24 that law enforcement is not only dealing with, but what 25 he is seeing because he is -- as I said, he's someone</p>	<p style="text-align: right;">Page 32</p> <p>1 location to compost what we're trying to do. 2 The -- over my 35 years and -- and prior to 3 even coming with the -- with the Crime Commission, I was 4 in the Governor's Office, and I worked for the Texas 5 Organized Crime Prevention Council. I was the program 6 director, and it was something where we had 11 organized 7 crime strike forces. What we did, we provided funding 8 for those strike forces. So I was familiar with how the 9 State would fund enforcement efforts. And -- and I 10 cannot remember any single time when we started task 11 forces, that -- that the moneys came all the way from 12 the State. There was always a requirement that locals 13 put in a match. A lot of times as the State funding 14 went down, it was expected that the local funding went 15 up. I say that, in that -- that, when you -- when you 16 ask -- when one asks the question where did the money 17 come from, it's really a combination of -- of non-County 18 revenue and County revenue. 19 Let me give you an example. We have -- we 20 have a program that we run. And when I say "we," I'm 21 talking as -- as Tarrant County. It's called the law 22 Enforcement -- the Law Enforcement Liaison program, and 23 this program is one that -- that is -- we fund positions 24 in MHMR, and their role is -- we train law enforcement 25 to recognize people that may have mental health issues,</p>
<p style="text-align: right;">Page 31</p> <p>1 who has worked all of his professional life in narcotic 2 enforcement, but also the intelligence aspect and his 3 opinions and his data that he was able to share with me. 4 I talked with Karen Duncan. Dr. Duncan is 5 the -- is the executive director, CEO of John Peter 6 Smith -- I'm sorry, Tarrant County Hospital District and 7 about some of the things that they're seeing down in the 8 emergency room and things such as that. 9 I also talked to Helen Giese. She is our -- 10 our director of -- of budget, our budget director, to 11 make sure that I was aware of the types of moneys that 12 the County was expending and other revenue sources that 13 were becoming available to -- for -- to be focused on 14 drug abuse and -- and all the way from enforcement to 15 treatment to prosecution, things such as that. 16 Q. Anybody else? 17 A. I don't believe so. 18 Q. In connection with your meeting with Ms. Giese 19 regarding the budget, what did she tell you about 20 revenue that the County was expending? 21 A. So when -- when I was the county 22 administrator, one of the things that I wanted to make 23 sure of -- it wasn't necessarily where the revenue was 24 coming from, but that we had adequate revenue and that 25 it was placed in the most effective and efficient</p>	<p style="text-align: right;">Page 33</p> <p>1 they have drug dependency issues, but then we also 2 operate that program where that there's a 24-hour 3 hotline. Mental Health actually mans that. We do 4 ride-alongs. They -- they do ride-alongs with -- with 5 the police, if requested. 6 And when we began the funding in that, we 7 initially provided a substantial amount of that funding 8 from the Byrne Act, which is a federal act, and it was 9 moneys that came to all of Tarrant County, and not just 10 Tarrant County government, but it was one that where we 11 were able to work with our law enforcement agencies that 12 were also getting some of that funding. And they would 13 contribute and we would contribute all of ours to help 14 fund the liaison program. 15 Well, what's happened is that as those 16 moneys have gone down and they've limited the amount of 17 money to which jurisdictions can get money from that 18 particular program, the costs have increased. And so 19 the backfill of those costs that -- in order to keep 20 that -- that -- that program running, which is a very 21 effective program, the County had to supplement that 22 with general revenue funds. 23 And so general revenue funds are basically 24 funds coming from -- from ad valorem taxes. There is 25 some fees that are included in that, but the vast</p>

<p style="text-align: right;">Page 34</p> <p>1 majority of general revenue is money that comes from 2 taxes, and so we use that to backfill. That's just one. 3 There's -- there's numerous other instances 4 where we either fund 100 percent, or we do partial 5 funding, simply to -- to make up that difference as -- 6 as either the program needs more assets to -- more 7 revenue to -- to carry out its mission or it's something 8 that the money is diminished from other sources and we 9 have to go ahead and include that in general revenue. 10 Q. Can you provide testimony as to the amount of 11 County revenue that Tarrant County had to contribute to 12 combat any aspect of opioid abuse in Tarrant County? 13 A. I don't have a total number. I can tell you 14 in -- that through my experience, it is millions of 15 dollars every year. 16 Q. So it's your testimony that Tarrant County 17 expends millions of dollars every year to combat opioid 18 abuse in Tarrant County? 19 A. That's correct. 20 Q. What percentage of those millions of dollars 21 every year relate to the combating of the abuse of 22 prescription opioids? 23 A. I don't have a -- I don't have a particular 24 percentage or a totally accurate percentage. When you 25 look at where those moneys have been expended, it takes</p>	<p style="text-align: right;">Page 36</p> <p>1 fairly close, but I don't have that information. 2 Q. Do you know if Tarrant County has ever done 3 that analysis to date? 4 MR. JANUSH: Objection. We're getting 5 into expert matters here. 6 Q. (BY MR. WAHBY) You -- you can answer. 7 A. Not to my knowledge. 8 Q. Okay. 9 A. Basically, I simply don't know. It's not that 10 I'm saying no. What I'm saying, I just simply don't 11 know. 12 Q. I understand. 13 A. Okay. 14 Q. Now you had testified that the amount of 15 revenue available to the County, as that amount 16 decreases, the County has to fill the void with County 17 revenue, correct? 18 A. Yes, uh-huh. 19 Q. And is that because -- strike that. 20 Is it your understanding that the amount of 21 revenue provided to the County from other sources, it 22 would decrease in the event there's a determination that 23 the County -- Tarrant County needs it less than perhaps 24 other counties, because the problem isn't as bad as -- 25 in Tarrant County as other counties, that's why those</p>
<p style="text-align: right;">Page 35</p> <p>1 in a plethora of -- of different type of drugs that are 2 used. A portion of those that are used are prescription 3 drugs. 4 Q. Can you provide any guidance as to what you 5 believe the percentage of prescription drug abuse for 6 opioids versus general opioid drug abuse is? 7 A. I can't, no, sir. 8 Q. So -- so Tarrant County doesn't have a way of 9 allocating or differentiating what you believe is 10 millions of dollars of County money that's spent to 11 combat opioid abuse between prescription drug abuse 12 versus general opioid abuse? 13 MR. JANUSH: Objection. 14 Q. (BY MR. WAHBY) Is that right? 15 MR. JANUSH: Objection. 16 A. Okay. Tell me the rules. Can I answer that 17 question or not? 18 Q. (BY MR. WAHBY) Oh, no, yeah. 19 MR. JANUSH: You can answer. 20 Q. (BY MR. WAHBY) Unless -- unless -- unless 21 your lawyer says don't answer that, Mr. Maenius, you can 22 answer. 23 A. Okay. Not a -- not necessarily an exact 24 percentage. They -- I mean, we would have to do some 25 analysis, and we probably could, and that could get us</p>	<p style="text-align: right;">Page 37</p> <p>1 grants or those other sources of funding would go down? 2 MR. JANUSH: Objection, form. 3 Q. (BY MR. WAHBY) Do you understand my question? 4 A. I think I do. So let me try to answer that, 5 and I'm sure you'll point out that I didn't answer that. 6 Q. No, I won't do that. 7 A. No, not at all. And let me explain why. 8 First of all, grant funding is -- is something 9 that -- that is appropriated normally at the state level 10 or the federal level. And depending on what congress 11 does or the state legislature does, they may either 12 increase or decrease those appropriations. 13 When I was in the -- in the Criminal Justice 14 Division of the Governor's Office, we -- like I said, I 15 was -- I headed the section dealing with organized 16 crime, which at that time dealt mainly with two things. 17 It dealt with narcotics and drug trafficking and also 18 gambling. And very little effort was placed on gambling 19 enforcement; most of it was -- was narcotics and that. 20 So, it was always the intention -- and a lot 21 of the grant programs that governments get, it's 22 interesting how -- it's -- it's interesting how -- and I 23 fully understand why the funding entities do this. So, 24 they very well will tell you upfront that -- the first 25 year of the program, they may say -- and this is not a</p>

<p style="text-align: right;">Page 38</p> <p>1 hypothetical, because there are many programs such as 2 this -- where they'll say the first year of funding is 3 going to be at 100 percent from the -- from the funding 4 sources, either the state or the feds, or the federal 5 government; but they will tell you that the second year 6 it will be an 80/20 split, the third year it will be a 7 60/40, and then the fourth year it will be a 40/60, and 8 then the fifth year it will be a 20/80, and then the 9 sixth year they're expecting you to continue that 10 program. 11 And there's requirements that you -- you 12 obviously have to report back in order to get that type 13 of funding, but to have a diminished amount of -- of 14 state or federal dollars that are coming in does not 15 necessarily mean that the program itself or the problem 16 itself is going away. It's simply one way that 17 governments that fund local government have a way to, 18 first of all, get local buy-in, and then -- because they 19 don't simply want to give you all the money and then you 20 do what you want to do, and then when they stop the 21 funding, then you stop everything. 22 But also, they want to have a commitment 23 from the local entities that this is a program that's 24 necessary; that it's a program that -- that needs to 25 remain in the community, the county; and that the</p>	<p style="text-align: right;">Page 40</p> <p>1 opioids in Tarrant County versus drug abuse generally or 2 opioid abuse generally? 3 A. Yes. 4 Q. And did you ask him to explain to you drug 5 abuse of prescription opioids as it relates to my client 6 Albertsons or its affiliates? 7 A. I did not ask him specifically about 8 Albertsons. 9 Q. Okay. And -- and what did he tell you as it 10 relates to drug abuse in Tarrant County as it relates to 11 prescription opioids specifically? 12 A. So his comments were that as people move 13 through the spectrum of drug use, that -- and that the 14 majority of them started using prescription drugs, and 15 it's well documented in some of the reports that I have. 16 And then when it became to the point that -- 17 that prescription drugs were not as available as -- as 18 they had been when people first started using them -- 19 you know, and it's not as if -- it could very easily 20 have been someone who was prescribed medication and 21 then simply moved past the point where they needed the 22 medication, and it became -- became more addictive, 23 and -- and then whenever those individuals, who no 24 longer either had access to -- to prescription drugs, 25 that -- prescription opioids, that they had to go find</p>
<p style="text-align: right;">Page 39</p> <p>1 commitment that the locals have to make and ensure that 2 this is a long-term program is one where that, as the 3 federal or state dollars decrease, the local dollars 4 have to increase. 5 Q. Okay. So let's go to -- 6 A. If that makes sense. 7 Q. Yes, sir. 8 A. Okay. 9 Q. Thank you. 10 I want to ask you about the individuals that 11 you had just mentioned -- 12 A. Yes, sir. 13 Q. -- visiting with prior to the deposition. You 14 mentioned Mr. Bond, Ms. Duncan and Ms. Giese, "Giese." 15 A. "Giese," uh-huh. 16 Q. With respect to Mr. Calvin Bond, he was a 17 former DEA agent, special agent, and he's currently the 18 deputy chief -- 19 A. I believe that he's deputy chief. 20 Q. Either way, he's kind of your go-to person as 21 it relates to the types of issues related to drug abuse 22 in the county. Is that right? 23 A. Yes. 24 Q. And did you ask him to explain to you the 25 differentiation between the abuse of prescription</p>	<p style="text-align: right;">Page 41</p> <p>1 them some other place. 2 And so -- so it wasn't unusual, in his 3 comments, to find that the next step, initially it would 4 have been to heroin, because it -- heroin is an opioid. 5 It is more -- it's readily available. The price of 6 heroin compared to price of prescription drugs, heroin 7 is cheaper. And so -- and so then, you know, then we 8 talked a little bit about fentanyl. 9 And I thought the interesting thing was, was 10 that -- that Tarrant County, Dallas-Fort Worth area has 11 always been a transshipment area for drugs coming in 12 from Mexico. And what that means is that normally 13 people are in this area that deal -- cartels basically, 14 that -- that they direct where those drugs go, and at 15 one time a long time ago when -- I guess in the mid 16 '80s and -- that was still the case, but now it's not 17 just a transshipment area. It's an area where it's -- 18 basically, it doesn't move anyplace. It just stays here 19 and is consumed here. 20 Those are the kind of conversations I had with 21 Calvin. 22 Q. Again, because you and Mr. Bond didn't 23 discuss anything about Albertsons or its affiliates 24 specifically, you're not prepared to provide any 25 testimony as it relates to Albertsons or its affiliates</p>

<p style="text-align: right;">Page 42</p> <p>1 in connection with the narrative you've described, 2 correct?</p> <p>3 A. I did not talk to him specifically about 4 Albertsons.</p> <p>5 Q. Right.</p> <p>6 And so for that reason, you don't have any 7 information as it relates to Albertsons or its 8 affiliates's contributions to the issues that you've 9 just articulated, correct?</p> <p>10 A. Well, as it relates to my conversations 11 with -- with Mr. Bond, that's correct.</p> <p>12 Q. Okay. With respect to your discussion with 13 the CEO of the Tarrant County Hospital District --</p> <p>14 A. Yes.</p> <p>15 Q. -- Ms. Duncan, you're using Tarrant County 16 Hospital District differently than John Peter Smith. 17 That's a different entity?</p> <p>18 A. No, it's not.</p> <p>19 Q. Okay. So you're referring -- so you're 20 calling John Peter Smith the Tarrant County Hospital 21 District?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. Because John Peter Smith is within the 24 Hospital District?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 44</p> <p>1 community. We've located our clinics in the communities 2 for access. And so -- and so we talk about addiction. 3 We talk about relationships that Hospital District has 4 with MHMR. They're partners in a lot of areas. Mental 5 health is something in which -- which basically ties 6 directly with drug abuse. So we have those type of 7 things.</p> <p>8 The one thing that I have spoken with -- 9 with Dr. Duncan about is the fact that drop boxes, these 10 are places where -- you know, you may have medication in 11 your -- in your medicine cabinet and -- opioids and 12 other medications, and you don't need them anymore. And 13 so what do you do with them? You know, they tell us not 14 to flush them down to commode, which makes sense.</p> <p>15 And I had some real concerns about the 16 availability of drop boxes and -- because if we go on 17 the basis that one of the -- one of the ways people 18 begin to use opioids, prescription opioids -- and you 19 hear this from a bunch of different people -- they find 20 them in their medicine cabinet, their mom and pop's 21 medicine cabinet. A lot of times that's because the 22 mom, pop, the person that actually had the script for 23 them, they had the drugs but they didn't need them 24 anymore, so they weren't using them. And so what do you 25 do with those drugs?</p>
<p style="text-align: right;">Page 43</p> <p>1 Q. Okay. So -- and your discussion with 2 Ms. Duncan was supposed to be broader than the work of 3 John Peter Smith?</p> <p>4 A. Yes.</p> <p>5 Q. And so was that -- tell me about that 6 discussion as it relates to anything that was said 7 relating to the prescription opioid abuse.</p> <p>8 A. So -- so just to make sure -- make -- make 9 sure that we're very clear on this, my conversations 10 with Dr. Duncan has -- has far exceeded the -- the time 11 we were prepping for this deposition.</p> <p>12 The Hospital District is comprised of -- 13 excuse me -- of different elements. You have John Peter 14 Smith as the -- the main physical hospital. You also 15 have what I would call hospitals -- they're really 16 clinics, but they're more than clinics. They're almost 17 a mini hospital that -- that JPS has for -- and they're 18 located in different parts of the county. And then they 19 have basically walk-in clinics, and they also run 20 programs that -- that deal with -- with a bunch of 21 different health-related issues.</p> <p>22 And so when I talked with Karen -- I'm sorry, 23 Dr. Duncan, when we talk about these type of things, 24 we're not just saying what's happening down at JPS 25 hospital, but -- because we're seeing things in the</p>	<p style="text-align: right;">Page 45</p> <p>1 And -- and so, you know, Dr. Duncan and I had 2 different conversations about, you know, how we go about 3 getting more drop boxes, and that's also one of the 4 things that -- that Challenge did. I mean, Challenge 5 was -- was a -- on the forefront of getting more and 6 more drop boxes because, you know, my contention was -- 7 and I think I'm correct -- is that if you're able to 8 have medication, you don't need it anymore, you don't 9 feel like you want to flush it down the commode because 10 you're told not to, you need to have a place to get rid 11 of that stuff. And drop boxes, they're something that 12 the DEA has pushed, something that the County has 13 pushed, not only through -- through JPS -- and JPS has 14 drop boxes -- but through the Sheriff's Department and 15 anywhere we can work with. We work with the 16 universities to do that, TCU, UT Arlington, to establish 17 those -- those type of -- they're not facilities, but 18 those type of containers.</p> <p>19 Q. So did you have any discussions with 20 Dr. Duncan about disposal of prescription opioids 21 besides a drop box, expanding drop -- drop box 22 opportunities for people who wanted to appropriately 23 dispose of prescription opioids?</p> <p>24 A. The disposal of them? No, I did not.</p> <p>25 Q. Did you have any discussions with her as it</p>

<p style="text-align: right;">Page 46</p> <p>1 related to any matters as it related to -- strike that.</p> <p>2 Did you have any conversations with her</p> <p>3 relating to the problem of prescription opioids in</p> <p>4 Tarrant County aside from your drop box discussions?</p> <p>5 And I'm asking specifically about prescription opioids.</p> <p>6 A. So we've generally had those conversations in</p> <p>7 the past. It's not something that -- that I call Karen</p> <p>8 up -- I'm sorry -- Dr. Duncan up to talk with her about</p> <p>9 as it related to this lawsuit. It's something that --</p> <p>10 that we have discussed periodically in the past. You</p> <p>11 know, they -- they run pharmaceutical -- they run</p> <p>12 pharmacies, also, and I wanted to understand, quite</p> <p>13 frankly, how -- how they filled their prescriptions, you</p> <p>14 know, where they went to fill them and things such as</p> <p>15 that. And -- and so I've had those type of discussions.</p> <p>16 We've had general discussions in the past, you know,</p> <p>17 over the years about issues dealing with -- with drug</p> <p>18 abuse and prescription abuse, not specifically related</p> <p>19 to Albertsons, but -- but those type of activities</p> <p>20 within our community.</p> <p>21 Q. And as -- in her role as the CEO of the</p> <p>22 Tarrant County Health Center, have you ever asked her</p> <p>23 about the practice of -- or the volume of prescribing</p> <p>24 opioids from either a John Peter Smith pharmacy or a</p> <p>25 John Peter Smith doctor or any of the doctors who were</p>	<p style="text-align: right;">Page 48</p> <p>1 Center?</p> <p>2 A. No. I -- what I was more interested in was to</p> <p>3 see if they had established procedures on -- on -- in</p> <p>4 how they basically guarded against -- not guarded</p> <p>5 against, that's the wrong term. How they -- how they</p> <p>6 managed the distribution and if those were written</p> <p>7 procedures, and -- and I was told that they did.</p> <p>8 I will tell you that those conversations with</p> <p>9 Dr. Duncan were not something that occurred within the</p> <p>10 last four or five months. They've occurred over the</p> <p>11 years that I have known Dr. Duncan.</p> <p>12 Q. But those conversations occurred in your</p> <p>13 capacity as the administrator of this great county,</p> <p>14 Tarrant County, right?</p> <p>15 A. Yes. And the reason is because when you look</p> <p>16 at the Hospital District, the hospital district is a</p> <p>17 separate taxing entity. Okay? And a lot of people get</p> <p>18 confused about this. But the board of directors -- the</p> <p>19 board of managers, excuse me, are specifically appointed</p> <p>20 by the Commissioners Court. And the budget that -- that</p> <p>21 the Hospital District passes every year, not only has to</p> <p>22 pass the board of managers, but it also has to come to</p> <p>23 the Commissioners Court for approval.</p> <p>24 Then when we get to the point of -- of</p> <p>25 collecting Tarrant County taxpayer money that -- that</p>
<p style="text-align: right;">Page 47</p> <p>1 active at the Texas -- Tarrant County Health Center?</p> <p>2 MR. JANUSH: Objection, form.</p> <p>3 MR. WAHBY: Is your objection because</p> <p>4 it's like compound or just confusing or --</p> <p>5 MR. JANUSH: Compound, yeah.</p> <p>6 MR. WAHBY: Okay.</p> <p>7 Q. (BY MR. WAHBY) Let me ask you that</p> <p>8 question --</p> <p>9 A. Sure.</p> <p>10 Q. -- differently.</p> <p>11 A. Absolutely.</p> <p>12 Q. In your discussions with Dr. Duncan --</p> <p>13 A. Yes.</p> <p>14 Q. -- have you ever asked her to look into the</p> <p>15 prescription of opioids from any facility within Tarrant</p> <p>16 County Health Center?</p> <p>17 A. I have not.</p> <p>18 Q. Okay. Have you ever taken an interest in</p> <p>19 investigating the practice of prescribing opioids</p> <p>20 from -- by any doctor affiliated or who has privileges</p> <p>21 at the Tarrant County Health Center?</p> <p>22 A. I have not.</p> <p>23 Q. Okay. Have you ever investigated the number</p> <p>24 of prescriptions for opioids that are fulfilled at a</p> <p>25 pharmacy located within the Tarrant County Health</p>	<p style="text-align: right;">Page 49</p> <p>1 either goes to Tarrant County itself or it goes to the</p> <p>2 Hospital District, that is a function of the</p> <p>3 Commissioners Court to pass those tax rates. And so --</p> <p>4 so one of the things that I've always done is -- is</p> <p>5 helped the Hospital District, especially under the last</p> <p>6 two administrators or CEOs, on helping them fully</p> <p>7 understand how detailed their budgets have to be. And I</p> <p>8 would give them suggestions on, you know, why -- you</p> <p>9 know, if we're looking at increases here or decreases</p> <p>10 there, to have justifications for them, because those at</p> <p>11 one time were -- were detailed discussions that the</p> <p>12 Commissioners Court had with the board and also with the</p> <p>13 CEO of the Hospital District so that the Commissioners</p> <p>14 Court could make, you know, a determination of what that</p> <p>15 budget needed to be and how much -- how much that tax</p> <p>16 rate had to be in order to provide funding for that</p> <p>17 budget.</p> <p>18 Q. And so in your role as county administrator is</p> <p>19 you would work with the leader of the Tarrant County</p> <p>20 Health Center which, as you've described, includes</p> <p>21 hospitals and walk-in facilities --</p> <p>22 A. Yes.</p> <p>23 Q. -- and -- and not quite hospitals, but very</p> <p>24 high-end healthcare providers --</p> <p>25 A. Yes.</p>

<p style="text-align: right;">Page 50</p> <p>1 Q. -- from cancer, to really across the spectrum 2 of healthcare needs for residents of Tarrant County and 3 beyond really. In those discussions, you wanted to 4 ensure that they were managing the distribution and had 5 written procedures as it relates to the dispensing of -- 6 of pharmaceutical medication, including opioids, 7 correct?</p> <p>8 A. Yes, and -- but I will -- I'm sorry, I didn't 9 mean to cut you off.</p> <p>10 Q. That's correct, right?</p> <p>11 MR. JANUSH: Objection, form.</p> <p>12 A. So, yes, those discussions, as related to the 13 regs basically, were not detailed discussions. Those 14 discussions were do you have regulations or policies and 15 procedures? And -- and, you know, her answer was yes. 16 And I didn't ask, I want to see those.</p> <p>17 Q. (BY MR. WAHBY) I understand.</p> <p>18 A. And I take her word for it.</p> <p>19 Q. Of course.</p> <p>20 A. She's the CEO.</p> <p>21 Q. Your job is not to review her policies --</p> <p>22 A. Right.</p> <p>23 Q. -- and pass judgment. You're just trying to 24 get comfortable as the county administrator, the -- the 25 most senior unelected official in Tarrant County --</p>	<p style="text-align: right;">Page 52</p> <p>1 developing those policies and understanding those 2 policies than I did.</p> <p>3 Q. And if Albertsons and its affiliates in 4 Tarrant County have written policies, if it's good 5 enough for the Tarrant County Hospital District, it's 6 good enough for Albertsons and its affiliates, correct?</p> <p>7 A. I just don't know how those two compare. I 8 haven't -- you know, I've seen a document on Albertsons 9 as it relates to some of their -- some of their general 10 practices on pharmacies. I specifically asked to see if 11 we had a copy of that. And those policies, at least the 12 document that I saw, was no more than two pages, and one 13 was an introductory type memo and then the policies 14 after that.</p> <p>15 Q. And --</p> <p>16 A. And they were more -- I don't want to 17 categorize them as policies. It was more guidance than 18 policies necessarily.</p> <p>19 Q. And you're critical of that document that 20 you're referring to related to Albertsons that you're 21 referring to?</p> <p>22 A. I don't know if I saw all of the documents 23 that Albertsons provides to its pharmacies. I know it's 24 a -- it's a big operation, but I wanted to get a flavor 25 as to the overall view of how, not the pharmacists</p>
<p style="text-align: right;">Page 51</p> <p>1 A. Yes.</p> <p>2 Q. -- that the Hospital District, which is pretty 3 renowned, has written policies and practices as it 4 relates to the dispensing of medication, correct?</p> <p>5 A. That's --</p> <p>6 MR. JANUSH: Objection, form.</p> <p>7 Q. (BY MR. WAHBY) Correct?</p> <p>8 A. Yes.</p> <p>9 Q. And you were satisfied that they did, correct?</p> <p>10 MR. JANUSH: Objection, form.</p> <p>11 A. I was satisfied that they had policies.</p> <p>12 Q. (BY MR. WAHBY) And that was sufficient for 13 you?</p> <p>14 MR. JANUSH: Objection. Is that a 15 question?</p> <p>16 MR. WAHBY: Yes.</p> <p>17 MR. JANUSH: Objection, form.</p> <p>18 A. Ask your question again.</p> <p>19 Q. (BY MR. WAHBY) And that was sufficient for 20 you, in asking the leader --</p> <p>21 A. I just wanted to make sure we had policies and 22 that -- you know, those policies were some that were put 23 together by, you know, my pharmacists, by my upper 24 echelon within the Hospital District, and -- and I was 25 not someone -- they had much more expertise in</p>	<p style="text-align: right;">Page 53</p> <p>1 themselves, but -- but that element of -- of within 2 the -- within the Albertsons organization, you know, how 3 serious they took this. And if they went -- you know, 4 if I would have asked for that document and they would 5 have given -- and I would have received a document that 6 was 50 pages, I would have thought, well, this -- you 7 know, I can read this. I probably wouldn't understand 8 all of it, probably a majority of it, but I would know 9 that -- that they're on the right trail. The document 10 that I saw was simply -- it was two pages, and one was 11 really more of an introductory paragraph page.</p> <p>12 Q. Can you describe the document that you're 13 referring to?</p> <p>14 A. Yes. May I -- I have that document here. May 15 I -- may I --</p> <p>16 Q. Sure.</p> <p>17 A. Okay. So --</p> <p>18 Q. What are you -- can you describe for the court 19 reporter what you are securing?</p> <p>20 A. Sure. I brought material along for this 21 deposition, and it consists of the equivalent of two 22 3-inch binders, and this is material that -- that I 23 either asked for or have reviewed as it relates to the 24 prep for this.</p> <p>25 MR. JANUSH: And just for the record, so</p>

<p style="text-align: right;">Page 54</p> <p>1 that we're clear, it's the material that we had sent to 2 Allison earlier, I think seven days prior to the 3 deposition, pursuant to the Court order. 4 MR. WAHBY: Thank you. 5 MR. JANUSH: Also, I don't want to take 6 you off your track at all. We've been going for a 7 little over an hour, and I could use a bio break when -- 8 when you're able to. 9 MR. WAHBY: Okay. Can we just get 10 through this? 11 MR. JANUSH: 100 percent. 12 Q. (BY MR. WAHBY) So you're -- you're 13 identifying the document, so we're clear on the record, 14 that was provided to you in response to your request to 15 see Albertsons's policies related to the management of 16 prescription opioids. Is that correct? 17 A. So what this -- it's -- it's -- it's 18 controlled substances and diversion prevention for store 19 directors. That's what the subject matter is, and it 20 says controlled -- or CS policy for store directors. 21 Q. And this was provided to you in response to 22 your request to see -- 23 A. Yes. 24 Q. -- Albertsons's policies on the distribution 25 of controlled opioids.</p>	<p style="text-align: right;">Page 56</p> <p>1 you're still under oath? 2 A. Yes, sir. 3 Q. Did you -- did you confer with your lawyers 4 about this testimony during the break? 5 A. Somewhat, yes. 6 Q. Okay. What -- did you -- did you discover 7 anything new about your testimony during the break? 8 MR. JANUSH: Objection. 9 A. No. 10 Q. (BY MR. WAHBY) Do you have to amend your 11 testimony in any way? 12 A. No. 13 MR. JANUSH: For the record, I told him 14 he's doing a great job and to keep going. 15 MR. WAHBY: Okay. 16 Q. (BY MR. WAHBY) Isn't it good to have an 17 encourager here? 18 A. He didn't say that. 19 Q. What -- let me direct your attention back to 20 Exhibit 1, topic number 4. 21 A. Okay. 22 Q. If you would review topic number 4. Similar 23 to my question at the outset of your testimony on topic 24 number 3, are you prepared to provide testimony on topic 25 number 4?</p>
<p style="text-align: right;">Page 55</p> <p>1 A. Yes. 2 Q. Is that correct? 3 A. Yes, sir. 4 Q. Okay. Can you hand me that document? 5 A. Absolutely. 6 Q. Okay. So for the record, this is document 7 Bates labeled ALB-MDLCT9-00001088 to 89. 8 Were you provided any other document -- 9 A. I'm going to give you one more document. 10 Q. Okay. And the second document is Bates 11 labeled ALB-MDLCT9-00002988 to 89. 12 And so in response to the question -- 13 A. Yes, sir. 14 Q. -- those are the two documents that you were 15 provided, correct? 16 A. Yes, sir. 17 MR. WAHBY: Yeah, we can go off the 18 record for a short break. 19 THE WITNESS: Thank you. 20 THE VIDEOGRAPHER: We're off the record 21 at 10:48 a.m. 22 (Break from 10:48 a.m. to 11:04 a.m.) 23 THE VIDEOGRAPHER: We are back on the 24 record at 11:04 a.m. 25 Q. (BY MR. WAHBY) Mr. Maenius, you understand</p>	<p style="text-align: right;">Page 57</p> <p>1 A. Yes. 2 Q. And what did you do to prepare to provide 3 testimony on topic number 4? 4 A. So once again, I reviewed a significant amount 5 of material that -- that's in the binders that I brought 6 today. Also, I -- you know, a lot of the things that -- 7 that fall within this particular area are something that 8 I had personal knowledge of simply by being with the 9 County for 35 years, and so I understand, you know, 10 the -- you know, when you talk about the harms caused by 11 illicit opioid and prescription opioid sources. 12 The last 35 years, actually more than that, 13 when I was with the Crime Commission here, we have been 14 seeing -- you know, it's not just a matter of -- of the 15 resources that are necessary to -- to combat drug use, 16 and also to fund those things that -- that are for the 17 treatment of drug abuse and opioid abuse but also the -- 18 the general impact that it's had on the community. 19 I have always been someone who has looked at 20 the community as a whole, that if there were areas where 21 that -- because -- and the reason is because there are 22 many different issues that affect how government is run 23 and the services that they provide. And it's -- over 24 those years, I could tell what -- what drug abuse and 25 opioid issues were causing in this county because we had</p>

<p style="text-align: right;">Page 58</p> <p>1 to address them.</p> <p>2 Q. Did you do anything different to prepare for</p> <p>3 topic 4 than topic 3?</p> <p>4 A. No.</p> <p>5 Q. Okay. So the same materials that you reviewed</p> <p>6 for topic 3 are the same materials you reviewed for</p> <p>7 topic 4, plus your personal knowledge around topic 4?</p> <p>8 A. Yes, sir.</p> <p>9 Q. Did you discuss topic 4 with any individuals</p> <p>10 aside from those you mentioned for topic 3?</p> <p>11 A. No.</p> <p>12 Q. Well, let me ask you a more simple question.</p> <p>13 Did you discuss topic 4 with anybody?</p> <p>14 A. I discussed it with my attorneys.</p> <p>15 MR. JANUSH: Objection to anything</p> <p>16 regarding attorney/client privilege.</p> <p>17 Q. (BY MR. WAHBY) Did you discuss with anybody</p> <p>18 besides your attorneys? I'm referring to topic 4.</p> <p>19 A. Yes, I understand. Not that I can recollect,</p> <p>20 no.</p> <p>21 Q. And the personal knowledge that you acquired</p> <p>22 over your time as county administrator, as well as on</p> <p>23 the Crime Commission, about the harm that opioids can</p> <p>24 cause to a community, do you have any personal knowledge</p> <p>25 as it relates to the harm that prescription opioids</p>	<p style="text-align: right;">Page 60</p> <p>1 reports before they went out into the public venue,</p> <p>2 because they simply came out of my office.</p> <p>3 Q. And did those reports relating to prescription</p> <p>4 drugs cover prescription opioids in particular?</p> <p>5 A. Yes, they did.</p> <p>6 Q. Okay. And did any of them refer or relate to</p> <p>7 Albertsons or any of its -- any of its affiliates in any</p> <p>8 way?</p> <p>9 A. They never used the word "Albertsons."</p> <p>10 Now I will tell you that -- that when it came</p> <p>11 to the drop boxes, that -- and I was interested to see</p> <p>12 if Albertsons was a participant in the drop boxes. And</p> <p>13 there are -- there were several instances in reports --</p> <p>14 and I will be more than happy to show you where those</p> <p>15 instances are -- where that people were assigned -- and</p> <p>16 it was through the Challenge process, which we funded,</p> <p>17 to work with the different pharmacies. And what we</p> <p>18 found with Albertsons and the Tom Thumb pharmacies, that</p> <p>19 they were nonresponsive to our conversations about</p> <p>20 possibility of establishing drop boxes. You know, we</p> <p>21 reached out to them, but they were simply nonresponsive.</p> <p>22 I would be more than happy to point that out in any of</p> <p>23 the various reports.</p> <p>24 Q. Okay. Did -- you said that the reports that</p> <p>25 related to prescription opioid abuse in the county did</p>
<p style="text-align: right;">Page 59</p> <p>1 specifically cause to a community?</p> <p>2 A. So I'm going to go back and talk a little bit</p> <p>3 about the progression of -- of drug use, and if we go</p> <p>4 back and look at some of the reports that Challenge has</p> <p>5 provided and some of the other reports in this document,</p> <p>6 it's -- even -- even those that are -- that are modern</p> <p>7 day, there is a clear understanding that drugs of abuse</p> <p>8 today, hydrocodone is still majority, is the largest</p> <p>9 type of drug that are used. And I would be happy to</p> <p>10 show you the chart where I got that information.</p> <p>11 Also, just for whatever it's worth, the</p> <p>12 Challenge reports -- and we talked about this a little</p> <p>13 bit earlier -- they came to our office, and I had a</p> <p>14 criminal justice manager that -- that worked directly</p> <p>15 for me, and their responsibility was to -- was to take</p> <p>16 information from not only groups like Challenge, but</p> <p>17 also work with the Sheriff's Department, to work with</p> <p>18 the FBI as far as the uniform crime reporting aspect,</p> <p>19 because we -- we literally created documents and reports</p> <p>20 that talked about a bunch of different things. But one</p> <p>21 of those areas that -- that my office produced through</p> <p>22 my criminal justice manager, one of those topic areas</p> <p>23 was prescription drugs. And so, you know, I didn't have</p> <p>24 direct conversations with some of the sources that --</p> <p>25 that my manager did, but I did -- I had to approve those</p>	<p style="text-align: right;">Page 61</p> <p>1 not use the word "Albertsons." Were they prepared</p> <p>2 relying on data that involved Albertsons?</p> <p>3 MR. JANUSH: Objection.</p> <p>4 A. Okay. So -- so if I can make sure that I</p> <p>5 clarify something.</p> <p>6 When we talk about the report -- if you're</p> <p>7 talking about the report that my criminal justice</p> <p>8 manager and, you know, that involved outside sources,</p> <p>9 that involved county-related sources, it was not just</p> <p>10 one person putting those reports together, it was a</p> <p>11 combination. That report or those reports did not</p> <p>12 mention Albertsons. The reports that dealt with</p> <p>13 Challenge did in their annual report because it was --</p> <p>14 and I agree with -- I agree with Challenge, that it was</p> <p>15 critically important that we -- we bring the drop boxes,</p> <p>16 you know, to get them throughout the county as much as</p> <p>17 possible. And I was -- one individual was assigned to</p> <p>18 contact Albertsons to see if they wanted to participate</p> <p>19 in the drop box program, and at least my review of the</p> <p>20 documents showed that while they made efforts to contact</p> <p>21 and get some type of response, there was never a</p> <p>22 response.</p> <p>23 Q. (BY MR. WAHBY) Okay. Let's put the drop</p> <p>24 boxes aside for a moment --</p> <p>25 A. Sure.</p>

<p style="text-align: right;">Page 62</p> <p>1 Q. -- and focus on the reports that you're</p> <p>2 referring to that you recall your office approving that</p> <p>3 related to prescription opioid abuse in Tarrant County.</p> <p>4 Okay?</p> <p>5 A. Okay.</p> <p>6 Q. Were those reports generated relying on any</p> <p>7 information that came from Albertsons or related to</p> <p>8 Albertsons's prescriptions?</p> <p>9 A. Not to my knowledge.</p> <p>10 Q. And the Challenge reports in connection with</p> <p>11 the drop boxes --</p> <p>12 A. Uh-huh.</p> <p>13 Q. -- it's your understanding that Albertsons did</p> <p>14 not respond to a request relating to using drop boxes?</p> <p>15 A. Yes, there were at least two instances that I</p> <p>16 saw in those reports where -- that it was assigned, but</p> <p>17 basically there was no response from Albertsons.</p> <p>18 Q. Okay. Which document are you referring to?</p> <p>19 A. So I'm going to go back into these books here.</p> <p>20 Q. Okay.</p> <p>21 A. Okay? And so I am going to use my tab here.</p> <p>22 Q. Can you read the note that you're referring to</p> <p>23 that are handwritten --</p> <p>24 A. Sure. I have basically an index of what's in</p> <p>25 each of -- each of those tabs.</p>	<p style="text-align: right;">Page 64</p> <p>1 tabs and which have your handwritten notes on them --</p> <p>2 we'll just -- I'll hand that back to you.</p> <p>3 A. Sure.</p> <p>4 Q. And we will just refer to that as Exhibit No.</p> <p>5 2.</p> <p>6 (Exhibit 2 marked.)</p> <p>7 A. Absolutely. So -- well, let me go ahead and</p> <p>8 pull some of these because I have one that specifically</p> <p>9 deals with -- with drop boxes.</p> <p>10 Q. (BY MR. WAHBY) Again, and specifically we're</p> <p>11 looking for the document that reflects your</p> <p>12 understanding that Albertsons did not respond to a</p> <p>13 request relating to drop boxes.</p> <p>14 A. That's correct. You're going to need to give</p> <p>15 me just a second in order to find that. Okay?</p> <p>16 Q. Okay. Maybe we can go off the record while</p> <p>17 you pull that up.</p> <p>18 THE VIDEOGRAPHER: We're off the record</p> <p>19 at 11:15 a.m.</p> <p>20 (Break from 11:15 a.m. to 11:22 a.m.)</p> <p>21 THE VIDEOGRAPHER: We are back on the</p> <p>22 record at 11:22 a.m.</p> <p>23 Q. (BY MR. WAHBY) Okay. Mr. Maenius, you have</p> <p>24 before you a set of documents produced by Challenge.</p> <p>25 And they're marked Exhibit 3.</p>
<p style="text-align: right;">Page 63</p> <p>1 Q. Okay.</p> <p>2 A. And -- and why I'm referring back to them,</p> <p>3 because there are 47 different tabs.</p> <p>4 Q. I understand.</p> <p>5 A. And I'm trying to answer your question as</p> <p>6 succinctly as possible.</p> <p>7 Q. Sure.</p> <p>8 A. Okay.</p> <p>9 Q. And what is the handwritten note there that</p> <p>10 you have on the second page of the document you're</p> <p>11 referring to?</p> <p>12 A. This document here?</p> <p>13 Q. Uh-huh.</p> <p>14 A. This here is simply some of the topics that</p> <p>15 are found in -- in those different tabs that I thought</p> <p>16 were of interest.</p> <p>17 Q. Okay. I'm going to give this for you to use.</p> <p>18 I'm just going to mark this as Exhibit 2 --</p> <p>19 A. Sure.</p> <p>20 Q. -- so we have a record.</p> <p>21 A. And by the way --</p> <p>22 Q. That's the first page, correct?</p> <p>23 A. This is the first page.</p> <p>24 Q. Okay. So these two pages together will --</p> <p>25 that are entitled "Index of Documents" that reflect 47</p>	<p style="text-align: right;">Page 65</p> <p>1 (Exhibit 3 marked.)</p> <p>2 Q. (BY MR. WAHBY) And they're Bates labeled</p> <p>3 CHAL0001041 to 1196.</p> <p>4 A. Yes, sir.</p> <p>5 Q. And this collection of documents from</p> <p>6 Challenge is what you were referring to as evidence that</p> <p>7 Albertsons didn't respond to inquiries or an effort to</p> <p>8 get them involved with the drop box initiative, correct?</p> <p>9 A. Okay. So yes, but just for a correction, I</p> <p>10 said that these were Challenge documents. These are</p> <p>11 all -- these documents were also part of the Fort Worth</p> <p>12 Safe City Commission or Coalition, which the County was</p> <p>13 a member of. If you would look at page 1055, you'll see</p> <p>14 that at the top of that page, it says Fort Worth Safe</p> <p>15 City Communities Coalition. That was a program that</p> <p>16 Mayor Price put together.</p> <p>17 Q. The Fort Worth Safe Communities Coalition --</p> <p>18 A. Safe Cities Coalition, yes -- or Safe</p> <p>19 Communities Coalition, yes, sir.</p> <p>20 Q. Okay. And this is the document that you were</p> <p>21 referring to?</p> <p>22 A. Yes, sir, it is.</p> <p>23 Q. And on page 1055, you're specifically</p> <p>24 referring to the action item person responsible column</p> <p>25 with the entry next to Amanda R. that says research</p>

<p style="text-align: right;">Page 66</p> <p>1 contact with Albertsons, correct?</p> <p>2 A. That's correct.</p> <p>3 Q. Can you explain why that note that says,</p> <p>4 quote, "research contact with Albertsons" means to you</p> <p>5 that Albertsons was not responsive to the drop box</p> <p>6 initiative?</p> <p>7 A. So -- yes. So this document illustrates</p> <p>8 that -- that Amanda R. actually reached out and tried to</p> <p>9 contact Albertsons. And what happened was that there</p> <p>10 was nothing in this document that -- that indicated that</p> <p>11 Albertsons was responsible -- or responded back, not</p> <p>12 responsible, but responded back. And on page 1057, you</p> <p>13 can see that there was another -- there was another</p> <p>14 attempt, and it's reflected in the September 8, 2015</p> <p>15 documents as to she had once again attempted to reach</p> <p>16 contact with Albertsons.</p> <p>17 Q. The -- sorry, go ahead.</p> <p>18 A. So -- so when I saw this, I asked -- I asked</p> <p>19 to see if Albertsons had a policy -- first of all, if</p> <p>20 they do a drop box and -- because I personally believe</p> <p>21 that the drop box is critically important to -- to</p> <p>22 basically capture the un -- unused and unwanted</p> <p>23 medications, opioids and others. And Albertsons</p> <p>24 pharmacies are located pretty much throughout the</p> <p>25 county, and it would be convenient for people who wanted</p>	<p style="text-align: right;">Page 68</p> <p>1 researched contact with Albertsons on two occasions,</p> <p>2 correct?</p> <p>3 A. Right.</p> <p>4 Q. But that does not say she actually contacted</p> <p>5 Albertsons, right?</p> <p>6 A. No, it does not say that.</p> <p>7 Q. Did you ask Amanda R.? Do you know who Amanda</p> <p>8 R. is?</p> <p>9 A. No, I don't.</p> <p>10 Q. Okay. So you never asked Amanda R., hey,</p> <p>11 what's the status with the research?</p> <p>12 A. No, I did not. I did not ask that person</p> <p>13 about these comments.</p> <p>14 Q. So you don't actually know if Amanda R.</p> <p>15 actually ever contacted Albertsons?</p> <p>16 A. No, I don't.</p> <p>17 Q. Okay.</p> <p>18 A. But what I do know is that when you look at</p> <p>19 these documents, there are areas where that -- that</p> <p>20 there is reported back to this group that -- like</p> <p>21 Walmart and places like that, that they do have drop</p> <p>22 boxes. So I didn't see that in here, and that's why I</p> <p>23 asked is there any documents that shows does Albertsons</p> <p>24 have a drop box or not, or drop box policy, and I was</p> <p>25 provide that had.</p>
<p style="text-align: right;">Page 67</p> <p>1 to dispose of that to, in fact -- those medications to</p> <p>2 have that ability.</p> <p>3 Q. Mr. Maenius, on -- on page 1055 and on page</p> <p>4 1057 --</p> <p>5 A. Yes, sir.</p> <p>6 Q. -- of Exhibit No. 3, there's no reference to</p> <p>7 her actually contacting Albertsons, correct?</p> <p>8 A. That's correct.</p> <p>9 Q. All it says is she is going to research</p> <p>10 contact with Albertsons, correct?</p> <p>11 A. Right. Yes.</p> <p>12 Q. And so you can't read this to conclude that</p> <p>13 she actually called Albertsons or contacted them in any</p> <p>14 way, correct?</p> <p>15 A. No. But when I did see this -- and I went</p> <p>16 through the materials on -- on this particular tab, and</p> <p>17 I found that there was no place in here where it</p> <p>18 suggested that Albertsons had a drop box or a drop box</p> <p>19 policy. And so what I did when I saw that, I -- I asked</p> <p>20 if I could -- if there was any documents available that</p> <p>21 would talk about if Albertsons had the drop box or not.</p> <p>22 Q. And I want to focus specifically on your</p> <p>23 understanding that they were not responsive, which I</p> <p>24 understand you have testified your belief to be based on</p> <p>25 the fact that Amanda R. has this note where she</p>	<p style="text-align: right;">Page 69</p> <p>1 Q. And so your testimony that Albertsons was not</p> <p>2 responsive to the County was based on those two notes in</p> <p>3 its entirety, and you acknowledge that those notes don't</p> <p>4 say she actually contacted Albertsons --</p> <p>5 A. Yes.</p> <p>6 MR. JANUSH: Objection, misstates</p> <p>7 testimony. He said he reviewed documents in these</p> <p>8 binders and there may be other documents that he</p> <p>9 reviewed. So just making sure where it -- it misstates</p> <p>10 the testimony.</p> <p>11 MR. WAHBY: Evan. Evan, it's "objection,</p> <p>12 form," that's it.</p> <p>13 MR. JANUSH: Objection, form.</p> <p>14 MR. WAHBY: Okay.</p> <p>15 MR. JANUSH: Misstates testimony.</p> <p>16 MR. WAHBY: Hey, no, no. That's not</p> <p>17 objection, form, Evan. It's "objection, form," that's</p> <p>18 all there is.</p> <p>19 Q. (BY MR. WAHBY) Now --</p> <p>20 A. I just want to clarify one thing that you</p> <p>21 said. Okay?</p> <p>22 Q. Okay.</p> <p>23 A. You said "the County." This was a report that</p> <p>24 was -- that was not a county government report. This</p> <p>25 report here is something that is with the Fort Worth</p>

<p style="text-align: right;">Page 70</p> <p>1 Safe Communities Coalition.</p> <p>2 Q. Right. And my point --</p> <p>3 A. I just want to clarify that.</p> <p>4 Q. I understand. You're -- this seal reflects at</p> <p>5 the top of this page where this came from. It's the</p> <p>6 Fort Worth Safe Communities --</p> <p>7 A. Coalition.</p> <p>8 Q. -- Coalition --</p> <p>9 A. Yes.</p> <p>10 Q. -- collaborative prevention, and it was</p> <p>11 produced by Challenge, the Challenge entity, correct?</p> <p>12 A. I believe that Challenge was a part of that.</p> <p>13 It was not -- Challenge was a separate organization from</p> <p>14 this task force, but they were part of this task force,</p> <p>15 if that makes sense.</p> <p>16 Q. Yes.</p> <p>17 Now going back to topic 4 more generally, you</p> <p>18 explained that -- let's just take a quick administrative</p> <p>19 timeout. Now let's just -- okay. So you've got</p> <p>20 Exhibit 3, there, right, in your hands? We're going to</p> <p>21 move on.</p> <p>22 A. Yes.</p> <p>23 Q. I just don't want it to get -- if you'll hand</p> <p>24 it to me --</p> <p>25 A. Sure.</p>	<p style="text-align: right;">Page 72</p> <p>1 that suggested nonresponsiveness from Albertsons.</p> <p>2 Are there any other documents besides the two</p> <p>3 that we've discussed with the note regarding research</p> <p>4 that reflect your understanding of whether Albertsons</p> <p>5 was responsive about drop boxes?</p> <p>6 A. So one of the documents -- and I think I said</p> <p>7 this previously, is that when I realized that they were</p> <p>8 not -- you know, that I didn't see anything in there as</p> <p>9 far as Albertsons actually having a drop box or not. I</p> <p>10 asked if they had a drop box policy, and -- and I was</p> <p>11 provided with a memo from Albertsons, and I don't know</p> <p>12 if I have given that to you or not. I believe I have,</p> <p>13 but I can reference it again. And it is either under</p> <p>14 tab 43 or 44.</p> <p>15 Q. Again, you're reviewing Exhibit No. 2?</p> <p>16 A. Yes, I'm sorry. This is the index of</p> <p>17 documents --</p> <p>18 Q. Okay.</p> <p>19 A. -- just so we can locate those.</p> <p>20 Q. And which tab from that index? If you would</p> <p>21 read the title of the tab that you're referring to that</p> <p>22 you believe has that information.</p> <p>23 A. So it's either -- it's either one of two. One</p> <p>24 is tab number 43 and it's ALB-MDLCT9-00001088 -1089.</p> <p>25 That is tab number 43. And tab number 44 -- and as soon</p>
<p style="text-align: right;">Page 71</p> <p>1 Q. -- because we're going to move on. Yeah, just</p> <p>2 put that on there, and I don't want it to get</p> <p>3 disorganized --</p> <p>4 A. Absolutely.</p> <p>5 Q. -- and so forth.</p> <p>6 A. Absolutely.</p> <p>7 Q. The worst thing that can happen today is our</p> <p>8 exhibits get disorganized. If you would just --</p> <p>9 A. I understand that.</p> <p>10 Q. Yeah, because we're going to move on. So if</p> <p>11 you would just leave that right here --</p> <p>12 A. Sure.</p> <p>13 Q. -- and -- and I'll ask you a different</p> <p>14 question.</p> <p>15 A. Okay. Great. I may have those -- I don't</p> <p>16 know if those -- I think those are in order.</p> <p>17 Q. Yeah, so if you want to refer back to these,</p> <p>18 they'll be right in front of you, but we just need to</p> <p>19 get this set up before we move on here.</p> <p>20 A. Okay. Sure.</p> <p>21 Q. I'm going to give you back Exhibit 3, but I</p> <p>22 want to -- before we move on, during the speaking</p> <p>23 objection, there was a reference that you believe</p> <p>24 there's other documents that suggest Albertsons didn't</p> <p>25 respond to the drop box initiative or other documents</p>	<p style="text-align: right;">Page 73</p> <p>1 as I see those two documents, I can tell you right away,</p> <p>2 but number 4 ALB-MDLCT9-00002988.</p> <p>3 MR. JANUSH: We can turn to the tabs and</p> <p>4 figure it out, right?</p> <p>5 Q. (BY MR. WAHBY) Yeah, if you would turn to</p> <p>6 those tabs, as your counsel suggested --</p> <p>7 A. Okay. 43 and 44.</p> <p>8 MR. JANUSH: Do you want me to grab that</p> <p>9 for you?</p> <p>10 THE WITNESS: No, I've got it. I've got</p> <p>11 it.</p> <p>12 A. I believe that I've given these to you before,</p> <p>13 but -- okay. Okay. It is tab number 44.</p> <p>14 Q. (BY MR. WAHBY) Can I --</p> <p>15 A. Would you like to see it?</p> <p>16 Q. Yeah, if you could hand me 43 and 44 in their</p> <p>17 entirety.</p> <p>18 A. That's 44, and this is 43. And I believe</p> <p>19 that I've shown you those documents, at least 43 before,</p> <p>20 so --</p> <p>21 Q. Okay. So we're going to mark tab 43 as</p> <p>22 Exhibit 4.</p> <p>23 (Exhibit 4 marked.)</p> <p>24 Q. (BY MR. WAHBY) I am going to hand that back</p> <p>25 to you. Actually, sorry.</p>

<p style="text-align: right;">Page 74</p> <p>1 A. Did you -- did you read everything you need?</p> <p>2 Okay?</p> <p>3 Q. I am going to hand -- I am going to mark tab</p> <p>4 44 as Exhibit No. 5 and hand that back to you.</p> <p>5 (Exhibit 5 marked.)</p> <p>6 A. Very good.</p> <p>7 Q. (BY MR. WAHBY) So let's -- so put those over</p> <p>8 here with your stack, and then -- I don't want you to</p> <p>9 get your tabs out of order, so if you want to reorganize</p> <p>10 that, we'll take a second to get that situated and then</p> <p>11 we'll talk about these two exhibits from tab 43 and 44,</p> <p>12 Exhibits 4 and 5.</p> <p>13 A. Got you. Okay. It kind of looks like my desk</p> <p>14 when I was with the County. Okay. I'm sorry. No. 4</p> <p>15 and No. 5, okay.</p> <p>16 Q. Okay. So you've testified that Exhibits 4 and</p> <p>17 5 are evidence in your mind that --</p> <p>18 MR. JANUSH: He said either, so I'm just</p> <p>19 shaking my head. He said it's either one of these</p> <p>20 documents. He didn't say both. You were using both.</p> <p>21 It's just --</p> <p>22 MR. WAHBY: You know you can speak with</p> <p>23 body language as well. That's still a speaking</p> <p>24 objection.</p> <p>25 Q. (BY MR. WAHBY) Okay. So you've testified</p>	<p style="text-align: right;">Page 76</p> <p>1 more than happy to go into that -- that exhibit and talk</p> <p>2 a little bit about it, if you would like.</p> <p>3 Q. To be clear, Exhibit No. 3, which we reviewed</p> <p>4 from the -- that Challenge group produced, where it's a</p> <p>5 note from Amanda R. that reflects research for</p> <p>6 Albertsons contact, correct?</p> <p>7 A. That's correct.</p> <p>8 Q. It does not say that Albertsons actually was</p> <p>9 contacted, correct?</p> <p>10 A. No. It was -- it said -- let me get back to</p> <p>11 it again.</p> <p>12 Okay. So what the document says -- and this</p> <p>13 is Exhibit No. 3, okay. It basically -- not basically.</p> <p>14 It says under action items, persons responsible, Amanda</p> <p>15 R., research contact with Albertsons. That's all it</p> <p>16 says on the one document.</p> <p>17 Q. That doesn't say that Albertsons actually was</p> <p>18 contacted, correct?</p> <p>19 A. That's correct. That's correct.</p> <p>20 Q. So on what basis do you conclude that</p> <p>21 Albertsons, in fact, was contacted and then failed to</p> <p>22 respond?</p> <p>23 A. The -- the reason that I say that is because</p> <p>24 when you review these documents, you will see as other</p> <p>25 pharmacies were -- or, yeah, pharmacies were contacted,</p>
<p style="text-align: right;">Page 75</p> <p>1 that either Exhibit 4 or Exhibit 5, you couldn't recall</p> <p>2 at the time, but now that you've seen them, do you</p> <p>3 recall which one you had in mind that reflected a lack</p> <p>4 of responsiveness from Albertsons as it related to the</p> <p>5 drop box initiative in the county. Is that right?</p> <p>6 A. Yes.</p> <p>7 Q. Which one is it?</p> <p>8 A. So it's -- it's tab 5. I'm sorry, Exhibit 5.</p> <p>9 Q. Exhibit 5. Exhibit 5 --</p> <p>10 A. It's tab number 44.</p> <p>11 Q. Right.</p> <p>12 Exhibit 5 is the one that's Bates labeled</p> <p>13 ending 2988, correct?</p> <p>14 A. That's correct.</p> <p>15 Q. Okay. Can you please identify where on</p> <p>16 Exhibit 5 you believe evidences Albertsons was not</p> <p>17 responsive about the County's drop box or your drop box</p> <p>18 initiative?</p> <p>19 A. As it related to the documents from the Safe</p> <p>20 Cities or Safe Communities program, when I saw that</p> <p>21 there wasn't any response or that there -- in that</p> <p>22 document it didn't show a response from -- from</p> <p>23 Albertsons. So I asked about if there was a policy as</p> <p>24 related to drop boxes, and so what was provided to me</p> <p>25 was a document which is Exhibit No. 5. And I will be</p>	<p style="text-align: right;">Page 77</p> <p>1 it had a delineation in there that -- you know, that</p> <p>2 they were contacted. You know, Walmart was, I think,</p> <p>3 one of them. They said Walmart has a drop box program.</p> <p>4 I did not see anything in these documents that</p> <p>5 stated that there was -- well, there was no response</p> <p>6 that I could find, that there was any response from</p> <p>7 Albertsons -- or from Amanda R. as to the success of</p> <p>8 contacting Albertsons or Albertsons had a drop box</p> <p>9 program or not.</p> <p>10 Q. But there's no note from Amanda R. or anybody</p> <p>11 that they actually contacted Albertsons?</p> <p>12 A. That's correct, I did not see that, no.</p> <p>13 Q. Right. All it says is they're researching</p> <p>14 contact, correct?</p> <p>15 A. That's correct. Give me just one second.</p> <p>16 No, I do not see that. I don't see it.</p> <p>17 Q. Okay. So if we can go back to your testimony</p> <p>18 regarding Exhibit 5.</p> <p>19 A. Yes.</p> <p>20 Q. Exhibit 5 you believe reflects Albertsons not</p> <p>21 having a drop box program?</p> <p>22 A. That's correct.</p> <p>23 Q. Okay. What is the basis of that testimony?</p> <p>24 A. Well, okay. So -- so the responses that came</p> <p>25 from -- this is a memo from Lynette Berggren,</p>

<p style="text-align: right;">Page 78</p> <p>1 B-e-r-g-g-r-e-n, and she is with -- she is with 2 Albertsons. 3 It says, Well, it's a little bit challenging 4 to explain why compliance with the regulation is 5 difficult for pharmacy when the reality is that we have 6 no experience with it because we have made a business 7 decision not to voluntarily participate. 8 Then it goes on to say -- and they're talking 9 about the disposal of -- of controlled substances 10 regulations, and these are DEA regulations. It says, 11 Our primary concern with maintaining collection 12 receptacles is that the increased traffic that will 13 result will include those with intentions to misuse the 14 receptacles for disposing -- or, excuse me, depositing 15 unintended items or -- and/or with intent to remove 16 items from the receptacles. Another concern is the 17 potential for individuals to stalk the receptacles 18 looking for opportunities to snatch and grab items 19 with -- from intended depositors. 20 So what they're saying is before they actually 21 drop the stuff in there, the medications in the drop 22 box, that they will be assaulted and there will be a 23 robbery at that point. 24 Q. That seems like a legitimate concern, correct? 25 MR. JANUSH: Objection, form.</p>	<p style="text-align: right;">Page 80</p> <p>1 the hands of people that aren't supposed to have them. 2 Q. At this particular time it's not mandatory, 3 correct? 4 A. The drop boxes? 5 Q. Uh-huh. 6 A. I don't know the answer to that question. 7 Q. Okay. So if somebody -- if a company, if a 8 pharmacy weighs the pros and cons of having a voluntary 9 program, that's a reasonable thing for a pharmacy to do, 10 correct? 11 MR. JANUSH: Objection, form. 12 A. Okay. So -- so that is a decision that that 13 company has to make. 14 Q. (BY MR. WAHBY) Do you know if John Peter 15 Smith or any entity within the Tarrant County Hospital 16 District had drop boxes at that timeframe that's 17 reflected in Exhibit No. 4? 18 A. This is 2017. 19 MR. JANUSH: Objection, form. 20 A. This is 2017. I know today that John Peter 21 Smith has drop boxes. 22 Q. (BY MR. WAHBY) As it relates to that 23 timeframe, though, do you know if -- 24 A. I don't -- I don't know exactly when John 25 Peter Smith began their drop box.</p>
<p style="text-align: right;">Page 79</p> <p>1 A. Are you asking my opinion? 2 Q. (BY MR. WAHBY) Sure. 3 A. Okay. Not -- 4 Q. Sorry, go ahead. 5 A. No, not necessarily. I mean, there's -- 6 there's pros and cons about doing this, but if, in fact, 7 the -- this pharmacy, this pharmacy company, that -- you 8 know, when you look at pharmacies and some of their 9 responsibilities, especially when it goes to the 10 Controlled Substance Act, there are responsibilities for 11 different players in the pharmaceutical arena. And -- 12 and if one looks at that area dealing with pharmacies, 13 it's pretty clear to me that -- that one of the main -- 14 one of the responsibilities of pharmacies, to ensure 15 that medications that -- that are prescribed, that first 16 of all, it is -- it's not overprescribing, that it's not 17 maybe coming from different doctors that may not know 18 that this patient has been doctor shopping. 19 Also, the fact that if the goal is to limit 20 the accessibility to the medications for people -- or 21 the opioids for people who really it's intended to be 22 used for, it's my -- it's my belief that receptacles are 23 critically important to recapture, if that's a good 24 term, those medications that are out there, that are no 25 longer needed and so that they don't fall into -- into</p>	<p style="text-align: right;">Page 81</p> <p>1 Q. So let me just get -- let me get the question 2 out. 3 A. Okay. 4 Q. And then -- so -- 5 A. Got you. 6 Q. At the timeframe reflected in Exhibit No. 5 -- 7 A. Yes. 8 Q. -- you don't know if John Peter Smith or any 9 entity within the Tarrant County Hospital District had 10 drop boxes or receptacles available, correct? 11 A. Not to my knowledge. 12 Q. Okay. 13 THE WITNESS: So in about ten minutes or 14 so, if we could take another break. 15 MR. WAHBY: Sure. Are you thinking of a 16 short break or like a lunch break? 17 THE WITNESS: I'm talking about I have to 18 use the restroom. 19 MR. WAHBY: Okay. So we'll -- we will 20 have to figure out what we're going to do about lunch. 21 THE WITNESS: Not that we have that on 22 the record. 23 MR. WAHBY: Your counsel calls them bio 24 breaks. He should have told you that if he was really 25 watching out for you, but --</p>

<p style="text-align: right;">Page 82</p> <p>1 MR. JANUSH: Wow. I didn't know we're 2 into dings now. I can give it just as I receive it. 3 Watch out. 4 MR. WAHBY: Yeah, trust me, I know. 5 MR. JANUSH: Good. 6 Q. (BY MR. WAHBY) Are there any other documents 7 besides the ones we've discussed that relate to your 8 knowledge of topic number 4? 9 A. So that's a pretty broad question, and -- and 10 there are different documents that I have talking about 11 abuse in Tarrant County. 12 Q. Let me ask you a better question. 13 A. Okay. 14 Q. Are there any documents unique to topic 4 that 15 you -- that you didn't review in connection with 16 preparing for topic 3? 17 A. No. 18 Q. Okay. And you're prepared to testify on 19 behalf of the County on topic 4 today? 20 A. Yes, sir, I am. 21 Q. So if I could direct your attention to topic 5 22 listed in Exhibit No. 1. If you would review that 23 topic. 24 A. Okay. 25 Q. Did you do anything to prepare for topic 5</p>	<p style="text-align: right;">Page 84</p> <p>1 prescriptions, and then it talks about how that -- and 2 I'm going to use the term "morphed," but graduated to 3 the illegal use. And also, there are documents that I 4 can show that -- that reflect basically -- and I believe 5 the percentage is 70 percent, that people that are 6 currently -- that they found that are using heroin 7 started by using prescription opioids. So, they are 8 blended throughout these documents, and I can try to 9 point you to some of those. I may miss some of those 10 because the documents are somewhat voluminous, and -- 11 but I will be more than happy to try to show you those. 12 Q. Okay. And to be clear, you're identifying the 13 documents that are all captured within your index of 14 documents at Exhibit 2, correct? 15 A. Yeah, they're -- they're all part of this 16 index. Some of these -- some of these tabs may not 17 specifically talk about those particular issues. I 18 mean, such as the complaint and the -- and the different 19 responses, items 1, 2, and 3, though they may mention 20 those. But those -- they talk about the Tarrant County 21 Narcotics Unit presentations, the Texoma HIDTA program, 22 you know, the drugs of abuse and CNET, which stands for 23 County Narcotic Enforcement. 24 Q. I just wanted to clarify that when you 25 identify these documents, as providing the basis for</p>
<p style="text-align: right;">Page 83</p> <p>1 different than what you did for topics 3 and 4? 2 A. No. 3 Q. Are there any documents that you requested or 4 reviewed in connection with topic 5 that were -- that 5 really kind of distinguished it from topics 3 and 4? 6 A. So, yes. So as it relates to topic number 5, 7 the causes of illicit opioid and prescription opioid 8 supply, so -- so some of the documents that I have here 9 are documents that are from various other vendors, other 10 individuals. 11 First of all, I have documents from the 12 Sheriff's Department, their intelligence report. They 13 have their annual narcotic report. There are documents 14 that are part of the Challenge documents, but the intro 15 letters that are from -- I think there's four documents, 16 four different years. Three of those were intro letters 17 that dealt with -- or not dealt with, but were from the 18 special agent in charge of the DEA field office out of 19 Dallas. And then the fourth one -- I believe there's 20 four -- that was actually from John Parker, who -- who 21 was the US attorney out of Dallas. So I reviewed those 22 documents also. 23 In almost every document that you're going 24 to -- that I have, you know, it talks about the 25 progressive use of -- of the diversion of legal opioid</p>	<p style="text-align: right;">Page 85</p> <p>1 your knowledge on topic 4, you're referring, in part, to 2 the documents -- 3 A. Yes. 4 Q. -- that are listed in your index of documents 5 at Exhibit 2, correct? 6 A. Absolutely, yes. 7 Q. Okay. And there aren't any other documents, 8 besides those captured in Exhibit 2, in your index, that 9 you are aware of that support your testimony in 10 connection with topic 4? 11 A. So let me -- before we move on to that 12 question -- 13 Q. I'm sorry, I meant topic 5. 14 A. Yeah. 15 So what I am looking at, I have notes that I 16 made that are not in any of the 47 tabs. And it's just 17 my prep notes, basically. And so there may be something 18 in here. I would have to review that. If you would 19 like me to review it, I would be more than happy to 20 right now. 21 Q. I'm not trying to be invasive, but it is my 22 right -- 23 A. Absolutely. 24 Q. -- if I could review your notes, that would -- 25 that would be great.</p>

<p style="text-align: right;">Page 86</p> <p>1 A. Sure. Do you want to do that now?</p> <p>2 Q. I will do so very quickly. I know --</p> <p>3 A. If you need me to run through any of these --</p> <p>4 Q. Well, you know, Ms. Queny would be very proud</p> <p>5 of your penmanship, because I could never quite pull</p> <p>6 this off, but, you know, this is very easy to read.</p> <p>7 A. Left-handed.</p> <p>8 Q. Okay. Well, you probably see this coming, but</p> <p>9 I'm going to go ahead -- I'm going to mark this as an</p> <p>10 exhibit --</p> <p>11 A. Sure.</p> <p>12 Q. -- because it relates --</p> <p>13 A. Absolutely.</p> <p>14 Q. -- to your testimony, and then I'll give it</p> <p>15 right back to you.</p> <p>16 So I've marked your note pad that you've</p> <p>17 brought in that has some of your handwritten notes as</p> <p>18 Exhibit 6.</p> <p>19 (Exhibit 6 marked.)</p> <p>20 Q. (BY MR. WAHBY) And you can refer to that, to</p> <p>21 the extent it's helpful for you.</p> <p>22 A. Okay. Very good.</p> <p>23 MR. WAHBY: Now with that, let's -- we</p> <p>24 can go off the record and take a break, and your counsel</p> <p>25 and I will figure out what our lunch day looks like. So</p>	<p style="text-align: right;">Page 88</p> <p>1 to provide testimony on behalf of Tarrant County on</p> <p>2 topic 6?</p> <p>3 A. Yes. Sure.</p> <p>4 Q. And what did you do to prepare for topic 6?</p> <p>5 Anything different than what you've already testified to</p> <p>6 for topics 3, 4 and 5?</p> <p>7 A. No.</p> <p>8 Q. Are there any documents that you believe</p> <p>9 relate specifically to topic 6?</p> <p>10 A. There are several documents that are in</p> <p>11 these -- in these binders that -- that talk about a lot</p> <p>12 of the different items that were mentioned in topic 6.</p> <p>13 So, for example, there are -- there are</p> <p>14 discussions that were in presentations made by -- by</p> <p>15 Calvin Bond. I think there's a slide deck in there.</p> <p>16 There are intro pages that -- that were provided by the</p> <p>17 Drug Enforcement Administration, the special agent in</p> <p>18 charge. Those were intros to reports by Challenge. And</p> <p>19 also, there are -- there's a document from the US</p> <p>20 Attorney out of the Northern District that -- John</p> <p>21 Parker, and that also was an introductory letter that's</p> <p>22 part of the Challenge report.</p> <p>23 When you look at the different reports,</p> <p>24 especially when you go into the County's, their</p> <p>25 intelligence report that the Sheriff's Department had</p>
<p style="text-align: right;">Page 87</p> <p>1 we can go off the record.</p> <p>2 THE VIDEOGRAPHER: All right. We're off</p> <p>3 the record at 11:54 a.m.</p> <p>4 (Break from 11:54 a.m. to 1:09 p.m.)</p> <p>5 THE VIDEOGRAPHER: We are back on the</p> <p>6 record at 1:09 p.m.</p> <p>7 Q. (BY MR. WAHBY) Mr. Maenius, did you review</p> <p>8 any documents or information during the break that</p> <p>9 refreshed your recollection about your testimony?</p> <p>10 A. Yes, I did.</p> <p>11 Q. What did you review?</p> <p>12 A. Just the same documents that -- that I have in</p> <p>13 these binders.</p> <p>14 Q. Okay. Is there any aspect of your testimony</p> <p>15 that that review has caused you to want to change or</p> <p>16 modify?</p> <p>17 A. Not at this time.</p> <p>18 Q. Is there something in particular you were</p> <p>19 looking to determine or understand better?</p> <p>20 A. Not necessarily. It was just a simple review</p> <p>21 of the documents.</p> <p>22 Q. Let me direct your attention to Exhibit 1,</p> <p>23 topic 6.</p> <p>24 A. Topic 6.</p> <p>25 Q. If you would review topic 6, are you prepared</p>	<p style="text-align: right;">Page 89</p> <p>1 made, they talk about illicit drugs and nonopioid drugs</p> <p>2 in those presentations also.</p> <p>3 So that type of information is really</p> <p>4 scattered through a bunch of these documents. The ones</p> <p>5 I laid out are not -- is not the totality of those</p> <p>6 documents, but it talks about those, along with -- with</p> <p>7 prescription opioids.</p> <p>8 Q. Okay. And specifically, you're referring to</p> <p>9 Exhibit No. 2 and certain tabs that contain --</p> <p>10 A. Yes.</p> <p>11 Q. -- documents. Can you read from Exhibit No. 2</p> <p>12 which tabs you're referring to specifically with respect</p> <p>13 to the Calvin Bond documents or the intro pages or the</p> <p>14 US Attorney documents?</p> <p>15 A. Okay. So -- so the HIDTA reports, that will</p> <p>16 be tab 6, 7, 8. Number 9 is drugs of abuse. So number</p> <p>17 10 was the Greater Tarrant County drug trends. You're</p> <p>18 also going to see on 11 the CNET, which is the County</p> <p>19 Narcotics Enforcement Task Force. That's the ones that</p> <p>20 have a lot of that in it. The drug assessments that you</p> <p>21 see in 16 and 17, you'll start seeing the Challenge</p> <p>22 reports. Not necessarily 21, but the other reports in</p> <p>23 the -- and I'll get to those tabs after we go through</p> <p>24 the first page.</p> <p>25 We look at -- I think there are some -- there</p>

<p style="text-align: right;">Page 90</p> <p>1 are some discussions, especially when it gets to cocaine 2 and methamphetamine, that you're going to find in all of 3 those, but also in the Public Health report on 24. 4 You're going to be talking a little bit about it in the 5 item number 28 or tab 28, which is the County's criminal 6 justice community plan. Then you see a lot of -- or 7 some discussion in the Challenge -- Challenge ones. 8 Those are from 29 all the way to 32. I will tell you 9 that in those, though, that the symposium notes are not 10 as detailed as you find in 31 and 32. You'll see a lot 11 of material in the SAID reports. Those are in 34, 35, 12 36, 37 and 38 and 39. You'll -- and let's see. And I 13 think we talked about items 12 and 13. That was a 14 report from Mr. Bond. Those were the threat assessments 15 for 19 and 20.</p> <p>16 So as I said, all of these have some 17 discussion about -- about illicit drugs and that are -- 18 that are nonopioid, but also about opioid drugs, too.</p> <p>19 Q. Okay. Do you have -- do you have personal 20 knowledge as it relates to topic 6 arising from your 21 time as the county administrator?</p> <p>22 A. Yes. The -- what we noticed especially -- 23 since possession of marijuana is a class B misdemeanor, 24 which is filed in the County Criminal Courts, we've 25 noticed that we -- through my -- through my time as the</p>	<p style="text-align: right;">Page 92</p> <p>1 small quantity of marijuana in their possession, to a 2 cite and release program, where you cite them and 3 they -- and the people that receive the citations are 4 required to -- to appear before either a magistrate or a 5 Court, a County Criminal Court so that -- so that their 6 charges can be adjudicated.</p> <p>7 So those are the type of things that we've 8 seen. We've also seen a tremendous amount of increase 9 in -- in methamphetamines. It was -- it was something 10 that our task forces talked about. It's something that 11 the intelligence people talked about, was that there was 12 a substantial increase in the amount of methamphetamines 13 that were being cooked either in Tarrant County or in 14 the surrounding counties, which eventually fed into 15 Tarrant County.</p> <p>16 You know, it's one thing to cook meth, but you 17 have to have someone that's going to utilize that, and 18 since we were -- especially in the southwestern and the 19 western counties that surround us, you know, the users 20 of that tended to be in Tarrant County, simply because 21 that's where the population is. And so we had -- we had 22 that type of discussion.</p> <p>23 Of course, cocaine -- cocaine is not an 24 opioid. It comes from the cocoa plant. And the 25 utilization of cocaine was -- was substantial. It still</p>
<p style="text-align: right;">Page 91</p> <p>1 county administrator, I did note that there were 2 increasing numbers of cases that are being filed by the 3 criminal district -- or with the criminal district 4 attorney as it relates to that.</p> <p>5 Also, discussions and funding issues that I 6 had conversations with with the Sheriff's Department and 7 the District Attorney's Office as far as their task 8 forces and the needs for -- to supply additional 9 individuals to work in those task forces.</p> <p>10 By the way, the District Attorney's Office 11 also provides prosecutors that are linked to those task 12 forces. Last year, which was -- which was actually the 13 fiscal year that we're in now at the county -- and that 14 fiscal year is October through September -- we funded -- 15 upon the request of the Criminal District Attorney, we 16 funded a specific Narcotics Prosecution Unit, and all 17 this was because, not only of the rise of the 18 utilization of -- of illicit drugs, but also the 19 quantity and the severity of those drugs.</p> <p>20 One other thing is that there's been general 21 discussion with law enforcement because of the large 22 number of individuals who have been charged with 23 marijuana. There has been some discussion -- I don't 24 know what the end result of that was -- was to move from 25 a confinement type action against someone who has a</p>	<p style="text-align: right;">Page 93</p> <p>1 is. It's something that, it seems like, it becomes a 2 drug of choice for a lot of people. We know that there 3 are -- there are, you know, drug cartels that are based 4 here in Tarrant County, and they traffic a tremendous 5 amount of, not only opioids, but -- but cocaine up from 6 Mexico and from South America.</p> <p>7 Q. When you referred to the Narcotics Prosecution 8 Unit that Tarrant County funded --</p> <p>9 A. Yes.</p> <p>10 Q. -- is their charter to include the abuse of 11 prescription opioids?</p> <p>12 A. Yes.</p> <p>13 Q. And when was that unit created?</p> <p>14 A. Well, it was -- it was created in this past 15 fiscal year. And that fiscal year started -- the one 16 we're in now, that fiscal year started in -- in October 17 1st of '23.</p> <p>18 Q. And it was -- was there any consideration as 19 it related to problems arising from the use of 20 prescription opioids in connection with forming or 21 funding that group?</p> <p>22 A. That group was formed to address all levels of 23 drug abuse, illegal drug abuse. Drug abuse and illegal 24 drug -- drug abuse.</p> <p>25 Q. Do you recall any specific consideration of</p>

<p style="text-align: right;">Page 94</p> <p>1 opioid -- prescription opioid abuse?</p> <p>2 A. I know that when we were having those</p> <p>3 discussions -- and part of my role as the county</p> <p>4 administrator along with the budget director, we had</p> <p>5 significant conversations with -- with the criminal</p> <p>6 district attorney and the need for the organization</p> <p>7 because it's an expenditure of funds, and we talked to a</p> <p>8 certain extent about prescription drugs and either the</p> <p>9 diversion of those drugs or simply the illegal</p> <p>10 possession of those drugs.</p> <p>11 Q. My -- my question goes to the fact that, you</p> <p>12 know, you're seeing trends in the county, and one</p> <p>13 response is this Narcotics Unit, but those trends</p> <p>14 involve the growth and distribution of meth, the</p> <p>15 widespread, pervasive problems with cocaine, everything</p> <p>16 from these very serious street drugs to marijuana catch</p> <p>17 and release. So in that context, how much of a concern</p> <p>18 over prescription opioids was considered?</p> <p>19 MR. JANUSH: I just have to make a note</p> <p>20 for the record that we're on topic 6. That specifically</p> <p>21 is concerning nonopioid illicit drugs. So when</p> <p>22 Mr. Maenius testified, he was testifying in response to</p> <p>23 the nonopioid illicit drug trends. He wasn't saying --</p> <p>24 testifying to the exclusivity of or nonexistence of</p> <p>25 other trends.</p>	<p style="text-align: right;">Page 96</p> <p>1 such as that.</p> <p>2 And so prescription drugs and the -- and</p> <p>3 the -- and the illegal utilization of those drugs or the</p> <p>4 overutilization of those drugs was part of those</p> <p>5 discussions. If you're asking -- if you're asking what</p> <p>6 particular percentage of that -- of those discussions</p> <p>7 were dealing with prescription opioids, I can't really</p> <p>8 recall the exact, but they were part of that discussion.</p> <p>9 Q. Is it fair to say that the discussion</p> <p>10 primarily related to how to address the use of heroin?</p> <p>11 MR. JANUSH: Objection.</p> <p>12 A. No, not necessarily. It was -- the -- the</p> <p>13 purpose of the Prosecution Unit was to do -- to have a</p> <p>14 concentrated effort on -- on drug violations, not</p> <p>15 specifically heroin.</p> <p>16 Q. (BY MR. WAHBY) Can we direct your attention</p> <p>17 to topic number 7?</p> <p>18 A. Yes, sir.</p> <p>19 Q. If you would review topic number 7, are you</p> <p>20 prepared to provide testimony on topic number 7?</p> <p>21 A. Yes, I am.</p> <p>22 Q. Again, what did you do to prepare to provide</p> <p>23 testimony on topic 7?</p> <p>24 A. So what did I do to prepare?</p> <p>25 Q. Yes.</p>
<p style="text-align: right;">Page 95</p> <p>1 MR. WAHBY: Right, but he also -- he also</p> <p>2 clarified that he has personal knowledge on that.</p> <p>3 MR. JANUSH: I just said I'm just making</p> <p>4 the point that we're on topic 6.</p> <p>5 MR. WAHBY: Right.</p> <p>6 MR. JANUSH: And on topic 6, he was</p> <p>7 testifying to the trends concerning nonopioid illicit</p> <p>8 drugs without seeking to exclude prescription opioids as</p> <p>9 a trend. It's just that prescription opioids are</p> <p>10 excluded from the topic. That's all.</p> <p>11 Q. (BY MR. WAHBY) Do you recall my question?</p> <p>12 A. Would you mind repeating your question?</p> <p>13 Q. The ultimate question was in that context, in</p> <p>14 light of these trends, how much of a concern was the</p> <p>15 abuse of prescription opioids considered?</p> <p>16 A. So in the law enforcement community, it's</p> <p>17 fairly common -- and we see it in our reports here --</p> <p>18 that -- that a large percentage of those individuals who</p> <p>19 use heroin started by abusing prescription drugs,</p> <p>20 prescription opioids, and I think that, you know,</p> <p>21 you're looking at a number that's close to 70 percent.</p> <p>22 And so -- and so we had those type of conversations</p> <p>23 when -- when we went into the discussion about, you</p> <p>24 know, do we fund a Prosecution Unit or do we -- or do we</p> <p>25 just embed more people in the task forces and things</p>	<p style="text-align: right;">Page 97</p> <p>1 A. I reviewed the documents that I have in here.</p> <p>2 Also, just in basic memory of what we have -- what I</p> <p>3 have been experiencing or have experienced for the last</p> <p>4 35 years. You know, the educational aspect of how we --</p> <p>5 how we will try to -- to decrease the amount or usage of</p> <p>6 illegal prescription drugs and non -- nonprescription</p> <p>7 drugs also.</p> <p>8 Q. And if I could direct your attention to</p> <p>9 Exhibit 2, which is the index of the documents that</p> <p>10 you're referring to having reviewed, which of those</p> <p>11 documents do you believe relate to topic 7 or informed</p> <p>12 your testimony as it relates to topic 7?</p> <p>13 A. Well, there's several of them here, but I</p> <p>14 would point to those -- those documents that deal with</p> <p>15 the Challenge reports. And they start on 29, tab number</p> <p>16 29, and they go all the way through -- I would say they</p> <p>17 go all the way through 40.</p> <p>18 One of Challenge's responsibilities was to</p> <p>19 have drug education, and -- and we funded -- the County</p> <p>20 funded a substantial portion of -- of drug education</p> <p>21 programs through Challenge. Also, when you look at some</p> <p>22 of our courts -- and I will refer you to the Tarrant</p> <p>23 County Drug Court, which is actually part of -- is run</p> <p>24 by a District Court out of the Family Law Center or</p> <p>25 Section. And what this particular court was -- was --</p>

<p style="text-align: right;">Page 98</p> <p>1 the purpose of that was to identify parents that may 2 actually have -- or mothers who may have drug problems 3 or to try to educate them about the impact of those 4 drugs on -- on their babies and to steer them in a way 5 so that -- and provide education and counseling and all 6 of those different things that would hopefully guarantee 7 that when that baby was born, that it was born clean. 8 Also, the Domestic Relations Office, it's not 9 one of these topics here, but when I started this -- I 10 will tell you that there's a lot of knowledge that -- or 11 a lot of areas that I have been involved in. Domestic 12 Relations basically is -- deals with supervising 13 families that are divorced and taking care of the kids 14 and making sure that -- that the kids are treated 15 properly, that there's no friction in the house, things 16 like that. 17 Drugs have always been a major, major issue 18 that we have had to counsel with our -- with our Tarrant 19 County employees that deal with domestic relations, and 20 we would -- you know, I had very frank conversations 21 about if you become a user or if you continue to be a 22 user of opioids and other narcotics and dangerous drugs, 23 that that would -- that very well could affect your 24 ability to see your child and also to maintain the 25 parent-child relationship. So those are some of the</p>	<p style="text-align: right;">Page 100</p> <p>1 but that type of education is key to why we spend what I 2 think is a significant amount of money in drug 3 education. 4 Q. Were any of those efforts that you've 5 described, from drug education, to the efforts that 6 MHMR, Domestic Relations Office, Drug Courts, were any 7 of those developed specifically to address the abuse of 8 prescription opioids? 9 A. I haven't seen all the pamphlets and 10 everything, but I do know that there are educational 11 programs that we -- we run that basically talk about -- 12 you know, it would go back to the drop box issue. You 13 know, what happens if you have medications in your -- in 14 your house and you're not using them anymore? They're 15 accessible to the younger people. Well, then that's not 16 a good situation. Things like that, where there's a 17 significant amount of education. 18 We point people to drop boxes because, you 19 know, a person has to make an independent decision if 20 they still need the medications, you know. But if they 21 don't need the medication and, you know, let's -- let's 22 not save it for a rainy day, you know. Let's go ahead 23 and get it to the point that we can return it back or -- 24 I use the term "recapture." That's my -- that's my 25 term. We can recapture those drugs and really prevent,</p>
<p style="text-align: right;">Page 99</p> <p>1 things we've done. 2 Also, you know, on the education aspect, we 3 talked earlier about things such as Cornerstone, which 4 is -- which was -- which is an entity that we fund that 5 provides counseling to offenders that come directly out 6 of the penitentiary that are coming back into the 7 community. Educational aspects that we see with MHMR, 8 areas in -- in Public Health, especially Public Health. 9 We do -- what I think is we do a substantial amount of 10 drug utilization education, that hopefully we can divert 11 people from actually using medications. 12 It's kind of interesting, and I will find this 13 document in these files. There's statistics that's out 14 there that children who have received drug education 15 and, you know, the bad things that can happen to you 16 whenever you use drugs, they have a 50 percent less -- 17 not opportunity, but they -- 50 percent less of them are 18 actually moving into the utilization of significant 19 drugs, such as -- you know, you can name -- you can talk 20 about heroin. You can talk about prescription drugs. 21 You know, we can talk about just a whole bunch of 22 different drugs that they use, and so you can see that 23 that type of public education effort really pays off. 24 You know, it kind of flies under the radar sometimes 25 when you talk about enforcement and things like this,</p>	<p style="text-align: right;">Page 101</p> <p>1 which is -- which is critically important to these 2 efforts, to prevent the access and then the utilization 3 of prescription drugs, because they are prescription 4 drugs because they come from the pharmacies. And so we 5 do a lot of that. 6 Q. Okay. So aside from drop boxes and the 7 recapture effort that you've described, are any of the 8 programs that you've identified specifically related or 9 developed in response to prescription opioids? 10 A. Well, yes. I mean -- I mean, when we talk 11 about -- you know, they're not -- they're not limited to 12 the utilization of cocaine or heroin or anything like 13 that, the illicit drugs. You know, they're -- you know, 14 they're -- they're there because of availability of 15 pills. 16 Now one of the things that we're also looking 17 at -- and it's -- is that the fact that fentanyl is -- 18 you know, fentanyl -- you can find fentanyl in legal 19 opioids, but at the same time, the fentanyl epidemic and 20 the toxicity of fentanyl is something that, you know, 21 there's a major push to talk about -- about medicine 22 that you believe is just prescription medicine that you 23 think you're going to take. 24 And, of course, you know, there's -- there's 25 some documentation in here that talks about -- about</p>

<p style="text-align: right;">Page 102</p> <p>1 parents and children believe that if the child or they 2 take prescription opioids, that that's safer than taking 3 illicit opioids, like heroin, and that's not -- that is 4 not true. You know, that's a belief that we -- we try 5 to make sure everyone understands that -- that opioids 6 are opioids.</p> <p>7 Q. Okay. So which are the programs you've 8 identified, from drug education to Drug Courts to 9 Domestic Relations Office, which of those initiatives or 10 efforts were in response to prescription opioid abuse?</p> <p>11 A. Well, I don't think that you can just 12 simply -- I don't think that we said, okay, we're -- 13 we're targeting this one, just to -- just to pills, 14 because I think -- I think rather than a rifle shot, we 15 tend to want to do more of a shotgun type approach where 16 that we can hit multifaceted because -- and we can go 17 and look at some charts.</p> <p>18 There is opioids, legitimate opioids, that 19 have been either diverted from the system or have been 20 taken from the system in one way or the other and -- and 21 put into the utilization of those opioids that -- that 22 are not prescribed by physicians, or they may be 23 prescribed but not at that dosage, that it builds this 24 chain of how you move from -- from certain levels of 25 drugs, then it morphs into a higher level, and then you</p>	<p style="text-align: right;">Page 104</p> <p>1 utilizes for themselves when it's not for them or 2 actually takes them out and sells them also.</p> <p>3 Q. Okay. And with that understanding of 4 diversion, the steps Tarrant County took to prevent 5 diversion include the drug education efforts, the Drug 6 Courts, the Domestic Relations Office and initiatives by 7 MHMR. Is that correct?</p> <p>8 A. And the -- and the educational programs that 9 Challenge has -- has initiated. Like I said, we have 10 always been part of the Challenge environment, either 11 sitting on that board -- our chief epidemiologist tends 12 to sit on the Challenge board, chief epidemiologist 13 from -- from the Public Health Department. So -- so we 14 have -- we have those -- those particular areas that -- 15 that apply to the questions that you're asking.</p> <p>16 Q. Right. And you agree with me that those 17 efforts that you've identified, from drug education to 18 the Drug Courts to the Domestic Relations Office to MHMR 19 initiatives to the educational programs you've 20 described, those are steps to address drug abuse in 21 Tarrant County widely, not specifically tailored to 22 confronting prescription opioids, correct?</p> <p>23 MR. JANUSH: Objection, form.</p> <p>24 A. So prescription opioids are a part of but are 25 not the totality on all the drug use and abuse.</p>
<p style="text-align: right;">Page 103</p> <p>1 have to ask the question why -- you know, why do a lot 2 of people use heroin?</p> <p>3 Heroin is used because it's an opioid. 4 Hydrocodone is an opioid. It's a lot cheaper to get a 5 fix of heroin than it is to get a couple of tabs of 6 hydrocodone. And it becomes availability, and 7 availability has decreased to a certain extent. But it 8 also depends on pricing. And I thought it was very 9 interesting that -- that to get the same level or even a 10 higher level of usage, it's cheaper to use heroin than 11 it is to use prescription drugs.</p> <p>12 Q. Do you have an understanding of what diversion 13 is?</p> <p>14 A. So my understanding of diversion is when you 15 take a legitimate substance -- as it relates to this 16 topic, if you take a legitimate substance, be it an 17 opioid, and you divert that away from its intended 18 purpose or create a situation where it's abused because 19 the person has gotten too many, didn't need it. 20 Diversion is -- consists of a lot of different things. 21 You can have a robbery of pharmacies where they steal 22 the drugs, and you can have situations where they may -- 23 you know, someone may steal a script pad. It may be 24 something where someone goes into the medicine cabinet 25 and -- and takes those -- those drugs and either</p>	<p style="text-align: right;">Page 105</p> <p>1 Q. (BY MR. WAHBY) And of the totality, do you 2 have any understanding as to what percentage of that 3 problem the County is attempting to address? What 4 percentage does prescription opioid abuse amount to?</p> <p>5 A. I don't have -- I don't have an answer for you 6 as far as the specific percentage.</p> <p>7 Q. Okay. Now let me direct your attention to -- 8 well, before we move on.</p> <p>9 And you don't have any understanding or any 10 information as it relates to Albertsons or its 11 affiliates and pharmacists contributing or not 12 contributing specifically to the drug issues that these 13 programs that you've identified are attempting to 14 address, correct?</p> <p>15 A. That's correct.</p> <p>16 Q. Okay. Let me direct your attention to topic 17 number 8.</p> <p>18 A. Okay.</p> <p>19 Q. Are you prepared to provide testimony on topic 20 number 8?</p> <p>21 A. Yes, sir, I am.</p> <p>22 Q. And what did you do to prepare for topic 23 number 8?</p> <p>24 A. So I -- of course, I have the materials 25 that -- that we've spoken of previously. Plus, I spoke</p>

<p style="text-align: right;">Page 106</p> <p>1 with Calvin Bond as it relates to efforts of our 2 narcotic task forces in how they deal with -- with the 3 diversion of -- of legitimate opioids into an illegal 4 use. So it was that, plus my own recollection of a lot 5 of things that the County has done, the material that we 6 have in the binders here, and also my conversation with 7 Calvin Bond.</p> <p>8 I believe we mentioned earlier that Mr. Bond 9 is -- or Chief Bond is -- is a retired DEA agent. I 10 believe he is in a supervisory role, that he has 11 commanded our narcotics task forces, and his 12 responsibilities within the Sheriff's Department deal 13 with our narcotic task forces and enforcement.</p> <p>14 Q. Okay. So you spoke to Deputy Chief Bond? 15 A. Yeah.</p> <p>16 Q. And you identified some documents that has 17 informed your testimony on topic 8. Is that right? 18 A. That's correct.</p> <p>19 Q. Have you spoken with anybody else to prepare 20 for topic 8? 21 A. No.</p> <p>22 Q. Okay. And which documents do you believe 23 speak to topic 8? 24 A. So if you look at -- 25 Q. And you're referencing Exhibit No. 1?</p>	<p style="text-align: right;">Page 108</p> <p>1 that.</p> <p>2 Also, our narcotics task forces, it was not -- 3 they came up on times whenever we had -- when we 4 believed that there was -- was a diversion, if you will, 5 from -- from a legitimate use of manufactured opioids, 6 pills, and into -- into the illegal market. So we did 7 those type of things.</p> <p>8 Also, as part of the concern that we have and 9 had -- had and have is that the movement of the cartels, 10 especially in the areas of opioids that are in pill 11 form. And I'm talking about even hydrocodone. I'm 12 talking about sometimes heroin, other types of narcotics 13 that we see. That was something critically important 14 simply because the cartels now are using pill stamp 15 machines and they're making their own pills.</p> <p>16 Q. Did you believe that -- when you were working 17 as the county administrator, that any of the pharmacy 18 defendants were culpable for an oversupply of 19 prescription opioids in Tarrant County? 20 A. I didn't have any information on that.</p> <p>21 Q. And so at the time you were the county 22 administrator, you did not then believe that Albertsons 23 or any of its affiliates had a role in the oversupply of 24 prescription opioids in Tarrant County? 25 MR. JANUSH: Objection.</p>
<p style="text-align: right;">Page 107</p> <p>1 A. Yes, I'm sorry. Exhibit No. 2. 2 Q. Yeah, right, Exhibit 2. 3 A. So once again, the documents I'm talking about 4 are the Challenge reports that you find all the way 5 starting from 28 and 29, all the way down to -- to 31 -- 6 39, excuse me. Especially those letters and -- that we 7 see from the DEA and the US Attorney's Office or the US 8 Attorney. I'm also talking about the threat assessments 9 that Chief Bond had put together. These are 12 and 13. 10 I'm also talking about item number 18, which is the 11 opioid presentation.</p> <p>12 And there's a couple more. The intelligence 13 report, which is item number 14. The national drug 14 threat assessment, you'll see those in 16 and 17. And 15 there's probably some more in here, but I believe those 16 are the major ones. So also number 28, the criminal 17 justice plan. While that plan was one that talked about 18 a bunch of different aspects of the criminal justice 19 system, it does talk specifically in -- in that plan 20 about prescription drugs and narcotics in general.</p> <p>21 Q. What steps did Tarrant County take to address 22 an oversupply of prescription opioids? 23 A. So -- so several things. First of all, the 24 educational aspect was critically important, and we 25 continued to fund Challenge of Tarrant County to do</p>	<p style="text-align: right;">Page 109</p> <p>1 Q. (BY MR. WAHBY) You can answer. 2 A. So -- so I knew that the pharmacies were 3 involved. I didn't know exactly which pharmacies were 4 involved.</p> <p>5 Q. Did you do anything to find out? 6 A. I talked with our task force people, and -- 7 but really that type of enforcement, the majority of it 8 is something that is done by the Drug Enforcement 9 Administration, the DEA, and they have specialized units 10 that -- that focus on that.</p> <p>11 It's critically important to know, at least in 12 my opinion, that when you go to the Controlled Substance 13 Act and -- because that's -- that's -- there's a lot of 14 different narcotic laws on the federal level, but that's 15 the crux of the movement from the old drug narcotics and 16 dangerous drugs to the Drug Enforcement Administration. 17 That happened in 1970. And the Controlled Substance 18 Act was something that really beefed up some 19 responsibilities, not only for DEA, but also for the 20 pharmaceutical manufacturing companies, to the doctors, 21 but also to the pharmacies themselves, and they talked 22 about responsibilities that -- that they had.</p> <p>23 And it wasn't just a responsibility, but it 24 was a red flag issue. Whenever you had a suspicion 25 that a particular opioid was being overprescribed, that</p>

<p style="text-align: right;">Page 110</p> <p>1 it might look like there was doctor shopping or if 2 there was any issue where the pharmacist was hesitant 3 to actually go ahead and fill a prescription but filled 4 it anyway or didn't fill it, that there was a 5 responsibility by the pharmacy to report that red flag 6 incident to DEA.</p> <p>7 And the reason I say that is because that 8 really put the responsibility directly on DEA to -- to 9 do a lot of the enforcement as it relates to 10 pharmaceutical opioids. And at the same time, that's 11 one reason why we have consistently teamed with and made 12 part of our task forces and they have made us part of 13 their task forces, that -- that they go after major 14 drugs, and pharmaceuticals is one of them also.</p> <p>15 Q. Okay. I want to focus on your testimony that 16 you talked with the task force people regarding the 17 pharmacies that may have been involved with the 18 overprescription or oversupply of opioids. Who did you 19 speak with at the task force in connection with 20 determining if pharmacies were involved with the 21 oversupply?</p> <p>22 A. Calvin Bond.</p> <p>23 Q. Okay. And when was that?</p> <p>24 A. I talked to him -- I talked to him several 25 different times. The last time I talked to him was</p>	<p style="text-align: right;">Page 112</p> <p>1 A. They were -- they -- that type of discussion 2 was part of a more general discussion that -- that, 3 gosh, I had with our narcotics people either every year 4 or every few years. I read their reports mainly, and if 5 anything jumped out at me, then I would give them a call 6 and -- because they tended to do an annual report, or at 7 least a justification, as to why they needed funding, 8 additional manpower, additional resources besides 9 manpower to operate their task forces efficiently, and 10 so that's where I gained knowledge. And I talked to -- 11 I would talk to Calvin and his team. I talked to others 12 in the County that I knew were in -- were in the task 13 forces, not as much as I talked to Calvin, and -- simply 14 because Calvin had -- has -- had and has a much greater 15 overview of all the different moving parts of those task 16 forces.</p> <p>17 Q. And when did you first -- did you form a 18 belief that pharmacies in their fulfilling of 19 prescriptions contributed to an oversupply of opioids in 20 Tarrant County?</p> <p>21 A. Well, when you look at the charts -- and 22 you'll find those -- I believe you'll find them in -- in 23 the Challenge reports, and I can go back and look. I 24 know there's one specifically in here. And remember 25 that during the time these reports were being written</p>
<p style="text-align: right;">Page 111</p> <p>1 yesterday afternoon.</p> <p>2 Q. Okay. And did you ever talk to him when you 3 were the county administrator?</p> <p>4 A. Oh, yes.</p> <p>5 Q. Okay. And what -- please recount for us the 6 discussion you had with Calvin Bond when you were trying 7 to understand the role of the pharmacies in the 8 oversupply of prescription opioids.</p> <p>9 A. Those discussions were -- were part of a much 10 larger discussion, and the reason that we had those 11 discussions was because I have -- I have knowledge from 12 other -- other positions that I've held prior to coming 13 to the County, but I've always been interested in 14 exactly, you know, how we're utilizing our task forces 15 and is this something where that -- are they interested 16 in going after 2, 4, 6 ounces of marijuana, or are 17 they -- where are they targeting?</p> <p>18 Q. When were the discussions that you're 19 referring to?</p> <p>20 A. Oh, they -- those discussions, gosh, they've 21 been going on for years.</p> <p>22 Q. I want specifically as relates to pharmacies 23 that prescribed -- or that filled prescriptions for the 24 prescribed opioids. When were those discussions 25 specifically?</p>	<p style="text-align: right;">Page 113</p> <p>1 and submitted, I was having -- I was having an insight 2 into those reports, simply because, first of all, 3 they're public documents.</p> <p>4 Second of all, I had a criminal justice 5 manager in my office that had responsibilities for -- 6 for looking at all criminal type activities. And the 7 one thing that I noticed, and there's a really good 8 chart in here talking about, even of all the drugs that 9 are being used today, hydrocodone is still 30 to 10 40 percent of the usage, and hydrocodone is something 11 that, you know, it's an opioid. It comes from 12 pharmacies --</p> <p>13 Q. Did --</p> <p>14 MR. JANUSH: Wait, wait, wait. He was 15 still finishing. Let him finish his response.</p> <p>16 Keep going.</p> <p>17 A. And so, you know, that -- that -- to me, 18 hydrocodone is not something that, at least I'm not 19 aware of, that is -- that is something that is brought 20 into the country or grown here, something like -- like 21 heroin, something like that. That's a pharmaceutical 22 drug.</p> <p>23 Q. (BY MR. WAHBY) This is a yes or no question. 24 Did you form a belief that pharmacies in their 25 fulfilling prescriptions contributed to an oversupply of</p>

<p style="text-align: right;">Page 114</p> <p>1 opioids in Tarrant County?</p> <p>2 A. To a certain extent, yes.</p> <p>3 Q. Okay. When did you -- when, the date,</p> <p>4 generally did you form that belief?</p> <p>5 A. Well, I can't tell you the exact date. I</p> <p>6 mean --</p> <p>7 Q. Generally.</p> <p>8 A. It's been -- it's been several -- it's been</p> <p>9 years because I deal in this stuff. I deal in reports</p> <p>10 and -- I don't deal in drugs, but I deal in reports.</p> <p>11 And because of my role as the administrator, you know, I</p> <p>12 was the one who had to recommend to the Commissioners</p> <p>13 Court, who is the funding entity, what we should fund</p> <p>14 and what we shouldn't fund and why --</p> <p>15 Q. Did you -- sorry, go ahead.</p> <p>16 A. No, I'm sorry.</p> <p>17 Q. Did you form a belief that Albertsons in</p> <p>18 particular in their fulfilling of prescriptions or any</p> <p>19 of their affiliates contributed to an oversupply of</p> <p>20 opioids in Tarrant County?</p> <p>21 MR. JANUSH: Objection.</p> <p>22 A. I never thought of it specifically as</p> <p>23 Albertsons.</p> <p>24 Q. (BY MR. WAHBY) Okay. And aside --</p> <p>25 A. It was pharmacies in general.</p>	<p style="text-align: right;">Page 116</p> <p>1 they're visible whenever you go see your pharmacist,</p> <p>2 that the possibility of -- if you have excess</p> <p>3 medications and you want to dispose of them, that</p> <p>4 they're there.</p> <p>5 That doesn't answer the question I think you</p> <p>6 may be asking as it relates to specific diversion at --</p> <p>7 at the pharmacy level if we're Albertsons; however, we</p> <p>8 talk about the availability of drugs and prescription</p> <p>9 drugs. And so I personally believe that drop boxes play</p> <p>10 a role, now not a significant role, but they do play a</p> <p>11 role in taking those type of medications off the street.</p> <p>12 Q. Okay. So as the senior-most unelected</p> <p>13 official in Tarrant County, you came to a conclusion</p> <p>14 long ago that pharmacies were contributing to the</p> <p>15 oversupply of prescription opioids in Tarrant County,</p> <p>16 and you did nothing except for promote drop boxes. Is</p> <p>17 that correct?</p> <p>18 MR. JANUSH: Objection.</p> <p>19 A. I helped fund -- helped recommend funding for</p> <p>20 task forces and increased law enforcement to combat it.</p> <p>21 Q. (BY MR. WAHBY) Did you ever reach out to</p> <p>22 Dr. Karen --</p> <p>23 A. Duncan.</p> <p>24 Q. -- Duncan when you came to this realization</p> <p>25 to ensure that the facilities and prescribers and</p>
<p style="text-align: right;">Page 115</p> <p>1 Q. Okay. Aside from the note that we've reviewed</p> <p>2 together that Amanda R. entered --</p> <p>3 A. Yes.</p> <p>4 Q. -- where she researched contacting Albertsons,</p> <p>5 did you ever request that anybody contact a pharmacy in</p> <p>6 Tarrant County to get to the bottom of what you believed</p> <p>7 was their role in contributing to an oversupply of</p> <p>8 opioids?</p> <p>9 MR. JANUSH: Objection.</p> <p>10 A. I did not, and the reason I didn't is because</p> <p>11 that's an enforcement process. And the Sheriff's</p> <p>12 Department and the city police, DEA, state narcotics,</p> <p>13 you know, that's their job to do. I didn't go out and</p> <p>14 do any special investigations on my own.</p> <p>15 Q. (BY MR. WAHBY) I'm not -- aside from a</p> <p>16 special investigation on your own, did you do</p> <p>17 anything -- once you formed the belief that pharmacies</p> <p>18 in Tarrant County were contributing in your mind to the</p> <p>19 oversupply of opioids in this county, did you do</p> <p>20 anything at all to get to the bottom of what you</p> <p>21 believed to be contributing to the oversupply of</p> <p>22 opioids?</p> <p>23 A. So -- so in a roundabout way, yes. I have</p> <p>24 always been a huge proponent of drop -- drop boxes. Now</p> <p>25 drop boxes are those where that if they're available and</p>	<p style="text-align: right;">Page 117</p> <p>1 pharmacies at the Tarrant County Health Center were not</p> <p>2 contributing to the oversupply of prescription opioids?</p> <p>3 A. No, I did not.</p> <p>4 Q. But you talked to her regularly, correct?</p> <p>5 A. I do talk to Karen -- Dr. Duncan much more</p> <p>6 regularly when I was the county administrator than I do</p> <p>7 now.</p> <p>8 Q. Of course. And when you're the county</p> <p>9 administrator and you came to this realization, why</p> <p>10 didn't you ever reach out to her during your regular</p> <p>11 discussions to share this concern?</p> <p>12 A. Oh, I believe that -- that Dr. Duncan</p> <p>13 understood my concern, at least about the drop boxes. I</p> <p>14 was first exposed to a drop box going to a TCU event and</p> <p>15 there was a drop box, and I had never heard of a drop</p> <p>16 box. That was probably eight or ten years ago.</p> <p>17 Q. Do you believe that the Tarrant County Health</p> <p>18 Center and John Peter Smith and the pharmacies at those</p> <p>19 locations should pay a pro rata share to the extent they</p> <p>20 prescribed prescription opioids during the time at issue</p> <p>21 in this lawsuit?</p> <p>22 MR. JANUSH: Objection.</p> <p>23 A. So my goal is not to determine who should pay</p> <p>24 what. Okay. And my goal and I believe the County's</p> <p>25 goal is to try to figure out ways that we can stop the</p>

<p style="text-align: right;">Page 118</p> <p>1 access and the -- I don't want to say diversion, but</p> <p>2 the -- the overprescribing of opioid medications, plus</p> <p>3 all of those other things that cause people in Tarrant</p> <p>4 County to step up and morph into a more -- or the</p> <p>5 utilization of more hard drugs, heroin, fentanyl, things</p> <p>6 like that, because, quite frankly, we spend a lot of</p> <p>7 money on not only enforcement, but also in treatment for</p> <p>8 those individuals. And, you know, we talk about</p> <p>9 treatment, but there's a lot of people that -- or</p> <p>10 there's people in Tarrant County that because of their</p> <p>11 utilization, they died, you know. We tried to prevent</p> <p>12 something like that.</p> <p>13 THE WITNESS: If we're about to move on,</p> <p>14 whenever you feel -- whenever you feel there's a good</p> <p>15 point to break, just let me know if we could take five</p> <p>16 minutes.</p> <p>17 MR. WAHBY: I think we can take five</p> <p>18 minutes now if you would like.</p> <p>19 THE WITNESS: Thanks.</p> <p>20 THE VIDEOGRAPHER: We're off the record</p> <p>21 at 1:59 p.m.</p> <p>22 (Break from 1:59 p.m. to 2:09 p.m.)</p> <p>23 THE VIDEOGRAPHER: We are back on the</p> <p>24 record at 2:09 p.m.</p> <p>25 Q. (BY MR. WAHBY) So Mr. Maenius, before we went</p>	<p style="text-align: right;">Page 120</p> <p>1 A. Okay. Yes.</p> <p>2 Q. Are you prepared to offer testimony on behalf</p> <p>3 of the County on topic 9?</p> <p>4 A. Yes, sir, I am.</p> <p>5 Q. Okay. And what did you do to provide -- to</p> <p>6 prepare for that testimony?</p> <p>7 A. So, first of all, once again, I've looked at</p> <p>8 the material that's -- that's in the binders. I also</p> <p>9 talked with Chief Bond, as far as enforcement techniques</p> <p>10 and actions that we have as it relates to illicit --</p> <p>11 illicit opioids and things such as that.</p> <p>12 Plus, we continue not only to fund the task</p> <p>13 forces, we continue to fund the various courts. Our</p> <p>14 education programs that we have with Challenge is</p> <p>15 significant and -- and other type of activities like</p> <p>16 that. There's a significant amount of money that is</p> <p>17 budgeted for not only enforcement but also treatment</p> <p>18 and education as it relates to not just -- not just</p> <p>19 prescription opioids, but as far as topic 9 is</p> <p>20 concerned, the illicit opium -- opioid issue in Tarrant</p> <p>21 County.</p> <p>22 Q. Okay. Are there any documents that you</p> <p>23 reviewed that you believe informed your testimony for</p> <p>24 topic 9 in particular?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 119</p> <p>1 on a break, you testified that the County has spent a</p> <p>2 lot of money on, not only enforcement, but also in</p> <p>3 treatment for those individuals, correct?</p> <p>4 A. That's correct.</p> <p>5 Q. Does the County have any ability or testimony</p> <p>6 to offer as it relates to how much specifically it spent</p> <p>7 on enforcement or treatment to address prescription</p> <p>8 opioid abuse?</p> <p>9 MR. JANUSH: Objection.</p> <p>10 A. Sorry, ask the question one more time. I want</p> <p>11 to make sure that I answer you correctly.</p> <p>12 Q. (BY MR. WAHBY) Does the County have any</p> <p>13 ability or testimony to offer as it relates to how much</p> <p>14 specifically it spent on enforcement or treatment to</p> <p>15 address prescription opioid abuse?</p> <p>16 A. If you're talking specifically to -- to opioid</p> <p>17 prescriptions and not the entire narcotics spectrum, I</p> <p>18 don't -- I do not believe that that particular item is</p> <p>19 broken out in all the different funding -- programs that</p> <p>20 we fund or the projects that we fund.</p> <p>21 Q. Turn to topic number 9. Let me direct your</p> <p>22 attention to topic 9 --</p> <p>23 A. Yes, sir.</p> <p>24 Q. -- on Exhibit 1, I believe. If you would</p> <p>25 review topic 9, please.</p>	<p style="text-align: right;">Page 121</p> <p>1 Q. Which documents are those?</p> <p>2 A. So I want to -- if you don't mind, I will show</p> <p>3 you, and I think it's -- I think it addresses this</p> <p>4 particular issue pretty well.</p> <p>5 Part of the Challenge programs also have an</p> <p>6 introductory letter, and we've spoken about that</p> <p>7 previously, from -- from the special agent in charge of</p> <p>8 the DEA in Dallas, but also the one that -- that dealt</p> <p>9 with John Parker, who is the -- or was the US Attorney</p> <p>10 for this district of Texas. And -- and I think it's</p> <p>11 pretty telling, if you would, if you let me use that</p> <p>12 word. Let me find it real quick. I think it's right</p> <p>13 here.</p> <p>14 Q. What tab are you referring to?</p> <p>15 A. So I am talking about -- let me get my deal</p> <p>16 out of the way here. If you'll just give me one second,</p> <p>17 I will get to it.</p> <p>18 Q. While you look for that, I want to clarify</p> <p>19 your prior testimony.</p> <p>20 A. Sure, absolutely. I found it.</p> <p>21 Q. You explained that the particular item</p> <p>22 relating to prescription opioids is not broken out in</p> <p>23 all the different funding programs. That's your prior</p> <p>24 testimony. Do you recall that?</p> <p>25 A. Yes. You were asking me if we had</p>

<p style="text-align: right;">Page 122</p> <p>1 specifically broken out the cost of enforcing 2 prescription opioids. 3 Q. Correct. 4 My question -- so the County does not have and 5 cannot offer testimony or evidence that relates to its 6 costs for the enforcement or treatment of prescription 7 opioid abuse specifically, correct? 8 MR. JANUSH: Objection. 9 A. Those numbers are embedded in our costs for 10 not only the task forces but for medical costs and other 11 treatment costs that we do. 12 Q. (BY MR. WAHBY) So the answer is the County 13 cannot provide the cost specifically for -- 14 A. It's not -- I have not seen it broken down. 15 Q. Okay. If could I just finish the question. 16 So the County does not have testimony or 17 evidence as it relates specifically to the enforcement 18 or treatment for prescription opioid abuse specifically, 19 correct? 20 A. I don't believe that that document or that 21 information is specifically broken out, no. 22 Q. Okay. So now if we can go to the document 23 that you're identifying in connection with your 24 preparation for -- 25 A. Yeah, I'm sorry.</p>	<p style="text-align: right;">Page 124</p> <p>1 you -- if you want to go ahead and close your binder, I 2 don't want you to get disorganized. 3 A. Sure. 4 Q. That's a document you identified in response 5 to my question about what helped you prepare for topic 6 number 9, right? 7 A. Yes. 8 Q. Okay. And what is it about this Exhibit No. 7 9 that you would like to specifically identify? 10 A. Well, first of all, it talks about the spike 11 of deaths of fentanyl. 12 Q. What page are you on? 13 A. I am on page 0744. 14 Q. Okay. 15 A. And so -- and so, first of all, it basically 16 states that -- that -- you know, they talk about a 17 synthetic opioid, but they're talking about fentanyl, 40 18 times stronger than heroin. And that is in 19 paragraph one, two, three, four. 20 It also makes a statement that -- in the next 21 paragraph, that the US accounts for only 5 percent of 22 the world's population, but we consume 80 percent of the 23 world's opioid supply and 99 percent of its hydrocodone, 24 according to the NIDA. 25 Then I know we were talking about illicit,</p>
<p style="text-align: right;">Page 123</p> <p>1 Q. -- topic 9, what tab are you referring to? 2 A. So I'm in tab 39. 3 So when we talk about -- when we talk about 4 illicit opioids, it's important that -- that we also, at 5 least in my opinion, that we talk about fentanyl. 6 Q. I'm going to interrupt you, and I apologize 7 for doing so. Let's go ahead -- if you could take that 8 out, and let's mark it as an exhibit. 9 A. Sure. 10 Q. And that way -- 11 A. This is a letter -- this is an intro letter 12 from, like I said, John Parker. 13 MR. JANUSH: Can you take the entire -- 14 MR. WAHBY: Yeah, take the whole tab out. 15 MR. JANUSH: Down to the remainder. 16 MR. WAHBY: There you go. 17 MR. JANUSH: Here, this is -- well, he 18 has it. 19 THE WITNESS: Here you go. 20 MR. WAHBY: Thanks. Can you hand me -- 21 Q. (BY MR. WAHBY) I am going to mark this as 22 Exhibit No. 7. 23 (Exhibit 7 marked.) 24 Q. (BY MR. WAHBY) And Exhibit No. 7 is Bates 25 labeled CHAL0000742 to 768, and this is a document that</p>	<p style="text-align: right;">Page 125</p> <p>1 but -- and when we talk about heroin in the third 2 paragraph from the bottom, in fact, 80 percent of heroin 3 users start abusing prescription drugs first or 4 prescription pills first. 5 Q. Okay. Do you see there in the -- toward the 6 middle of the page it says, For our part, my office -- 7 referring to US Attorney John Parker -- will continue 8 working with our local, state and federal partners to 9 vigorously prosecute gangs, cartels and other drug 10 trafficking organizations who put these drugs on the 11 street. Do you see that? It's in the middle of the 12 page. 13 A. Okay. 14 Q. I can show you if it's easier. 15 A. Yes, please. 16 Q. My question goes to this question right here. 17 It starts right here. 18 A. Okay. This is the split paragraph. 19 MR. JANUSH: And I'm going to -- I'm 20 going to ask that you read the entire document. Take 21 your time and read the entire document. 22 A. Okay. I have read this. 23 Q. (BY MR. WAHBY) Okay. So does anything about 24 this letter inform you as to what's happening in Tarrant 25 County specifically?</p>

<p style="text-align: right;">Page 126</p> <p>1 A. Well, yes. So when we talk about, you know, 2 gangs, drug cartels, the fact that we're a major 3 transshipment area, major user area, those type of 4 activities simply don't stop at the county line. I 5 mean, it's -- it just simply doesn't. And so -- so 6 everything that -- or the majority of the things that 7 Mr. Parker is referencing here, our -- our groups, our 8 enforcement groups face the same type of situation and 9 enforcement activities. We prosecute gangs. We go 10 after the cartels. In fact, some of the killings that 11 are in the cartels that -- that have occurred and other 12 drug trafficking organizations, you know, that's why we 13 have -- quite frankly, that's why we have these 14 multiagency task forces, so that it's not -- we can see 15 them not only at the local level, but maybe at the state 16 level, but quite frankly more importantly, at the 17 national level also. 18 Q. Okay. Does anything about Exhibit No. 7 19 inform you as to any activity occurring at an Albertsons 20 or an affiliated pharmacy? 21 A. No, it does not. 22 Q. Okay. Let's just take a step back. 23 A. Yes, sir. 24 Q. And I want to ask you generally about what 25 you did to prepare for the deposition, but I don't want</p>	<p style="text-align: right;">Page 128</p> <p>1 this not a creation of his? 2 MR. JANUSH: This gets into 3 attorney/client privileged communications. 4 Q. (BY MR. WAHBY) Okay. So how many times did 5 you meet with your lawyers? 6 A. I met with the attorneys on five different 7 occasions, and -- and -- and I also met with the 8 attorneys yesterday, and I met with them this morning. 9 Q. And how long on average did you meet with 10 them? 11 A. On the first five, they tended to be about two 12 hours. I think one session might have gone to about 13 three hours, yesterday was right under two hours, and 14 this morning was an hour. 15 Q. Are you being paid for your time to appear as 16 a witness? 17 A. No, I am not. 18 Q. Okay. Are you collecting retirement from 19 Tarrant County? 20 A. Yes, I am. 21 Q. And that's as part of the normal course of the 22 benefits that the County provides for your service? 23 A. Right. And it's -- so -- so technically, my 24 retirement doesn't come from Tarrant County; it comes 25 from the Texas County and District Retirement</p>
<p style="text-align: right;">Page 127</p> <p>1 to get into any discussions or anything that your 2 counsel informed you about. I don't want privileged 3 information. I just want to know -- 4 A. Okay. 5 Q. -- about your preparation for today's 6 appearance. Okay? 7 A. Okay. 8 Q. So what did you do to prepare for today's 9 deposition? I've asked you about that in pieces as it 10 relates to the specific topics -- 11 A. Sure. 12 Q. -- but I would like to know what did you do to 13 prepare for your deposition today? 14 A. So, first of all, I reviewed the material that 15 I asked for and that I received also extensively. 16 Q. Okay. Did -- did the information in those 17 binders, was that generated all based on your request? 18 Did you say -- did you have a list of everything that 19 you needed to inform yourself to refresh your 20 recollection? 21 MR. JANUSH: This gets into 22 attorney/client privileged discussions. 23 MR. WAHBY: I'm just kind of wondering 24 how he got -- how he got this set of binders. Did he 25 create this setup? Is this a creation of his, or is</p>	<p style="text-align: right;">Page 129</p> <p>1 Association, TCDRS -- or System. And the County and I 2 contributed to that -- to that retirement program as a 3 percentage of my salary. And once -- once I have 4 separated -- once I separated from the County, then my 5 retirement, my checks, all come -- or my deposits all 6 come from TCDRS and not Tarrant County. 7 Q. Are you going to get -- would you get any 8 percentage of a recovery that the County secures in this 9 case -- 10 A. Not -- 11 Q. -- to compensate for your time? 12 A. Not at all. 13 Q. Okay. And so you're not receiving -- aside 14 from maybe reimbursement for your expenses, you're not 15 receiving any kind of compensation to appear or act on 16 behalf of the County in this case? 17 A. I am getting zero compensation, even 18 reimbursement. I am not getting any reimbursement for 19 anything as it relates to this case. 20 Q. Are you working as a witness in other cases? 21 A. No. 22 Q. Okay. So when you say as it relates to this 23 case, I mean, you have other ways, other forms of 24 income, but just nothing related to this proceeding or 25 the law firm that's representing the County?</p>

<p style="text-align: right;">Page 130</p> <p>1 A. That's correct.</p> <p>2 Q. Okay. You're just doing this as a former</p> <p>3 county administrator and as a citizen of Tarrant County?</p> <p>4 A. Quite frankly, I spent 35 years with the</p> <p>5 County. When we first began this process, I was a</p> <p>6 county administrator, and -- and I felt an obligation to</p> <p>7 an employer that, quite frankly, treated me very</p> <p>8 respectfully.</p> <p>9 MR. JANUSH: I have a polite addendum</p> <p>10 that I think you should know, that if you'll allow me to</p> <p>11 just let you know on the record.</p> <p>12 Mr. Maenius was formally appointed, since he</p> <p>13 had retired, by the County Commissioners Court to be</p> <p>14 the 30(b)(6) witness, like a -- I don't know if it's a</p> <p>15 proclamation, but there was a formal vote and hearing,</p> <p>16 you know, something very specific that appointed him.</p> <p>17 Just wanted to make sure you knew that.</p> <p>18 MR. WAHBY: I guess I'm not surprised</p> <p>19 that they needed something very --</p> <p>20 MR. JANUSH: Formal.</p> <p>21 MR. WAHBY: -- formal and official.</p> <p>22 Q. (BY MR. WAHBY) But that happened at the</p> <p>23 County Commissioners Court --</p> <p>24 A. That's correct.</p> <p>25 Q. -- and so that's how they designated you?</p>	<p style="text-align: right;">Page 132</p> <p>1 you're talking to might be on the line?</p> <p>2 A. He may very well.</p> <p>3 Q. Okay. And -- and you referred to three people</p> <p>4 who you talked about, Dr. Duncan, Chief --</p> <p>5 A. Bond.</p> <p>6 Q. -- Bond and --</p> <p>7 A. Helen Giese.</p> <p>8 Q. -- Helen Giese. Those are the three other</p> <p>9 people you talked to to prepare for your deposition?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. Do you have anybody else?</p> <p>12 A. No, sir.</p> <p>13 Q. Did you review anybody's deposition testimony</p> <p>14 in advance of your appearance here today?</p> <p>15 A. I -- I read the intro part to the -- to the</p> <p>16 deposition of Vinny Taneja, who was our Public Health</p> <p>17 Director.</p> <p>18 Q. And why did you read that?</p> <p>19 A. I wanted to see how -- you know, basically</p> <p>20 how -- how these things started. I've been in different</p> <p>21 depositions, and quite frankly, they're -- they start</p> <p>22 differently.</p> <p>23 So I wanted to familiarize on -- on how a</p> <p>24 meeting like this would start and how it would move</p> <p>25 forward. I did not read -- I did not read a substantial</p>
<p style="text-align: right;">Page 131</p> <p>1 A. So there would be total clarity as to my role.</p> <p>2 Q. Uh-huh. Was there anybody -- were there any</p> <p>3 nonlawyers present in your meetings with counsel in</p> <p>4 preparation for your testimony?</p> <p>5 A. No.</p> <p>6 Q. Okay. Which lawyers were there?</p> <p>7 A. So it is the four lawyers that you see here,</p> <p>8 plus the chief of the Civil Division of the District</p> <p>9 Attorney's Office, Criminal District Attorney's Office.</p> <p>10 MR. JANUSH: One more polite</p> <p>11 interjection. While she is an exceptional lawyer who is</p> <p>12 not a J.D., Sadie is our --</p> <p>13 MR. WAHBY: We all know who --</p> <p>14 MR. JANUSH: -- legal administrative</p> <p>15 assistant.</p> <p>16 MR. WAHBY: We all know.</p> <p>17 MR. JANUSH: I just to make it clear.</p> <p>18 MR. WAHBY: You didn't need to. We all</p> <p>19 know. We all know.</p> <p>20 MR. JANUSH: All right.</p> <p>21 THE WITNESS: Well, congratulations.</p> <p>22 MR. WAHBY: Yeah. It's actually a</p> <p>23 demotion; he doesn't even realize it.</p> <p>24 Q. (BY MR. WAHBY) So then -- so it's just the</p> <p>25 four people here, and then I think that the person</p>	<p style="text-align: right;">Page 133</p> <p>1 part. I didn't even read a third of it, because once I</p> <p>2 understood how the process was working -- it's been a</p> <p>3 long time since I've been in depositions, and so that</p> <p>4 was the only reason I did that.</p> <p>5 Q. But you've been in three depositions, you</p> <p>6 think?</p> <p>7 A. I think so, yeah.</p> <p>8 Q. And what were -- what was the general nature</p> <p>9 of those cases?</p> <p>10 A. So -- so it was -- it dealt with personnel</p> <p>11 issues with the County on one involving an elected</p> <p>12 official and one of that person's employees.</p> <p>13 There was one additional one that I believe</p> <p>14 that I participated in when I first got -- when I first</p> <p>15 began working for the County. I really don't know</p> <p>16 exactly what that deposition -- and it was work related,</p> <p>17 and it was some issue that was -- that was -- oh, I know</p> <p>18 what it was. It was another -- it was a deposition that</p> <p>19 dealt with -- with an employee issue of not something</p> <p>20 that I dealt -- not something that was within my --</p> <p>21 within my control at the County, but it was more</p> <p>22 deposition where it was a factual deposition talking</p> <p>23 about personnel issues, how we handled those type of</p> <p>24 things.</p> <p>25 Q. Okay. And have you ever been a party to</p>

<p style="text-align: right;">Page 134</p> <p>1 litigation?</p> <p>2 A. I've never been --</p> <p>3 Q. Like, have you ever sued anybody? Has anybody</p> <p>4 ever sued you?</p> <p>5 A. No, they have not.</p> <p>6 Q. Okay. Have you ever filed bankruptcy?</p> <p>7 A. No, sir.</p> <p>8 Q. Have you ever had a family member impacted by</p> <p>9 opioid abuse?</p> <p>10 A. I believe that -- and this dealt with my</p> <p>11 mother-in-law, and this was something that -- not here</p> <p>12 in this part of the state, and she was bedridden, and</p> <p>13 she was receiving a substantial amount of hydrocodone.</p> <p>14 And -- and I believe -- this is my speculation, okay?</p> <p>15 Q. If it's speculation, we don't need to bother.</p> <p>16 A. Okay. Then no.</p> <p>17 Q. Do you have any -- did that experience form --</p> <p>18 cause you to form any opinions about hydrocodone?</p> <p>19 A. I knew it was a potent medication because of</p> <p>20 her illness and -- but as far as being -- being some</p> <p>21 type of medication that should not be prescribed, no.</p> <p>22 Q. Okay. So despite that, you still then and now</p> <p>23 believe there is a legitimate medical use for these</p> <p>24 opioids in the right circumstances?</p> <p>25 A. Yes, I do.</p>	<p style="text-align: right;">Page 136</p> <p>1 right?</p> <p>2 Q. I was here, too, you know.</p> <p>3 A. So we're all familiar with city managers and</p> <p>4 the role city managers play. Back in that period, back</p> <p>5 in 1988 and 1987, counties were growing. And while</p> <p>6 they didn't have the authority that -- that cities have,</p> <p>7 as far as land use regulations and things like that,</p> <p>8 taxing -- some types of taxing issues, they did have</p> <p>9 responsibilities that impacted our community, not only</p> <p>10 in the incorporated areas, but also in the</p> <p>11 unincorporated areas.</p> <p>12 There was a move that began back there -- and,</p> <p>13 actually, it started -- it started in Dallas County --</p> <p>14 where there was -- the workload in the county became</p> <p>15 such that -- that when you look at the structure of</p> <p>16 county government, the -- there's a -- we have 69</p> <p>17 different elected officials here, but there's no one</p> <p>18 elected official that has overall charge. In fact, the</p> <p>19 authority of the County for contracting, for approval of</p> <p>20 budgets, for setting tax rates and a multitude of other</p> <p>21 things, falls under the auspices of the Commissioners</p> <p>22 Court. And -- and the County Judge is the presiding</p> <p>23 officer, but when it comes to the vote of the Court,</p> <p>24 that position is just simply one of five positions.</p> <p>25 But what was happening was that county</p>
<p style="text-align: right;">Page 135</p> <p>1 Q. Anything else as it relates to a personal</p> <p>2 connection or exposure to prescription opioids?</p> <p>3 A. No, not to my knowledge.</p> <p>4 Q. The -- you were employed with Tarrant County</p> <p>5 for 35 years?</p> <p>6 A. Yes.</p> <p>7 Q. Let me show you what's been -- what we'll mark</p> <p>8 as Exhibit No. 8.</p> <p>9 (Exhibit 8 marked.)</p> <p>10 MR. WAHBY: Thanks.</p> <p>11 MR. JANUSH: Thank you.</p> <p>12 A. Okay.</p> <p>13 Q. (BY MR. WAHBY) So Exhibit 8 is a retirement</p> <p>14 announcement --</p> <p>15 A. Yes.</p> <p>16 Q. -- for you in connection with the announcement</p> <p>17 of your retirement, correct?</p> <p>18 A. That's correct.</p> <p>19 Q. You're the longest serving county</p> <p>20 administrator in Texas and the only one in Tarrant</p> <p>21 County history. Is that right?</p> <p>22 A. That's correct.</p> <p>23 Q. And so was there not a role for county</p> <p>24 administrator prior to your assuming that job in 1988?</p> <p>25 A. You had to bring in the fact that it was 1988,</p>	<p style="text-align: right;">Page 137</p> <p>1 governments were becoming more and more complex, and --</p> <p>2 and there was a belief and a need for someone to be</p> <p>3 operating the day-to-day functions, supervising the</p> <p>4 day-to-day functions of county government because the</p> <p>5 Commissioners Court could only issue directives when</p> <p>6 they were in session. They couldn't do that when</p> <p>7 they're not in session.</p> <p>8 And so at that time Tarrant County met once a</p> <p>9 week, their Commissioners Court, and when they came</p> <p>10 together as a body, they were -- they were all powerful.</p> <p>11 I mean, they were substantial. But once that court was</p> <p>12 adjourned, then what happened was that body -- that body</p> <p>13 was -- that body didn't have -- they couldn't do things</p> <p>14 because they had to be in session in order to do those</p> <p>15 things.</p> <p>16 So that's why they decided to begin the</p> <p>17 process of looking for a county administrator, someone</p> <p>18 who is appointed by the Court, who worked directly for</p> <p>19 the Court, had certain things, certain directives of</p> <p>20 what the Court wanted that position to do. You know, I</p> <p>21 had come up from Austin. I was in the Governor's</p> <p>22 Office, and then I came to head the Crime Commission.</p> <p>23 And I wanted -- my -- my whole career path was in the</p> <p>24 public sector, and when this position came open, I</p> <p>25 applied for it and was very fortunate to receive it.</p>

<p style="text-align: right;">Page 138</p> <p>1 Q. So you joined the County in 1988 as the 2 county administrator. What year did you -- you 3 graduated from -- at the time it was called Southwest 4 Texas State? 5 A. Southwest Texas State, yes. 6 Q. What year did you graduate out of Southwest 7 Texas State? 8 A. So I graduated twice. I graduated in 1973, 9 and then I went directly into graduate school, and then 10 I got married, and I had -- it took me two more years to 11 write both my theses to graduate. 12 Q. So -- 13 A. '77 is when I graduated with my MPA. 14 Q. So you graduated with your undergraduate 15 degree in accounting? 16 A. No. It was actually -- 17 Q. Okay. 18 A. My undergraduate degree was in law 19 enforcement, not even criminal justice. On my degree, 20 it's a Bachelor's of Science in Law Enforcement. 21 Q. Okay. And then in '77, you got a Master's in 22 Public Administration? 23 A. That's correct. 24 Q. Also from Southwest Texas State? 25 A. That's correct.</p>	<p style="text-align: right;">Page 140</p> <p>1 Crime Prevention Council. That was a -- that was an 2 executive order created agency, and our job was to 3 create and fund, through the Criminal Justice Division, 4 organized crime units across the state and be a planning 5 entity for organized crime activity -- not for, but for 6 the prevention of organized crime activities in the 7 state. 8 Q. And so that was the job with Governors Briscoe 9 and Clements? 10 A. So what happened -- yes. So what happened 11 when -- when Governor Clements came in, there were a 12 number of individuals in the organization that were -- 13 their employment was no longer needed or wanted, and so 14 I made the transition, and I became the program director 15 at that time. 16 Q. And you worked for him until '81. Then you 17 came to Fort Worth to join the Fort Worth Crime 18 Commission? 19 A. Yeah, I came to work for the Crime Commission 20 on January 1, 1982. 21 Q. '82? 22 A. Yes, sir. 23 Q. And then you were there from '82 to '88? 24 A. Six years, that's correct. 25 Q. And you joined the County in --</p>
<p style="text-align: right;">Page 139</p> <p>1 Q. They call it Texas State now? 2 A. Yes, they do. 3 Q. And you left San Marcos and you went to Austin 4 after that? 5 A. I went to work in Austin. I continued to live 6 right outside of San Marcos. But yes, I went into the 7 Governor's Office in 19 -- either 1977 or 1978. 8 Q. Who was the governor at that time? Was that 9 Bill Clements? 10 A. Clements was the governor that I went to -- 11 no, I'm sorry. Briscoe was the governor that I went to 12 work for initially, and then I was one of several that 13 made the transition when Governor Clements came into 14 office. 15 Q. And you stayed with Governor Clements? 16 A. I stayed with Governor Clements until December 17 of '81, and I was recruited to come to Fort Worth to 18 head the Crime Commission -- the Fort Worth Crime 19 Commission at that time. 20 Q. And what did you do in Governor Clements's 21 office from '77 -- '78 to '81? 22 A. So when I was -- Clements was -- Clements 23 actually went into office in '79. So when I was with 24 Briscoe's office, I initially went into the Governor's 25 Office as a program coordinator for the Texas Organized</p>	<p style="text-align: right;">Page 141</p> <p>1 A. January 1, '88. 2 Q. January 1, '88. 3 So what do you think of the lawsuit Tarrant 4 County has filed against Albertsons and its related 5 affiliates? 6 MR. JANUSH: Objection. 7 A. Well, as far as I'm concerned, it's not about 8 the money. It's -- it's an effort to see, to try to 9 diminish the impact of -- of illicit drugs, the full 10 entire system that creates situations where that they 11 become stepping stones to -- to the use of even more 12 powerful drugs. And the fact that we have such -- we 13 really have such a strong effort and a cost that we 14 spend every year relating to -- relating to people who 15 are addicted, to we -- our task force that we fund to 16 enforce the law and things such as that. 17 Q. (BY MR. WAHBY) Is there anything that 18 Albertsons, Tom Thumb, any of its affiliates, Market 19 Street, anything they've done that you could identify 20 and that you have a complaint with? 21 MR. JANUSH: Objection, beyond the scope 22 of this witness and certainly beyond the scope of this 23 deposition notice. 24 Q. (BY MR. WAHBY) You can answer. 25 MR. JANUSH: I'm going to maintain my</p>

<p style="text-align: right;">Page 142</p> <p>1 objection. I'm going to move to strike the question and</p> <p>2 the answer.</p> <p>3 MR. WAHBY: Okay.</p> <p>4 Q. (BY MR. WAHBY) You can answer.</p> <p>5 A. I can answer?</p> <p>6 Q. Uh-huh.</p> <p>7 A. I don't have any personal knowledge.</p> <p>8 Q. Were you involved with the decision to file</p> <p>9 the lawsuit when you were with the County?</p> <p>10 A. No.</p> <p>11 Q. Were you involved in any discussions to file</p> <p>12 the lawsuit when you were with the County?</p> <p>13 A. So -- okay. I'm going to have to ask counsel</p> <p>14 on this. There were -- when we began to go in to</p> <p>15 consider this, those discussions were -- were held in</p> <p>16 closed session.</p> <p>17 Q. Okay. Well, if you think it's --</p> <p>18 MR. JANUSH: Those are privileged</p> <p>19 discussions.</p> <p>20 Q. (BY MR. WAHBY) If you think it's -- if you</p> <p>21 think it's a privileged discussion in closed session,</p> <p>22 then you don't -- then he's going to invoke the</p> <p>23 privilege. That's what he's saying, you don't have to</p> <p>24 answer that.</p> <p>25 A. Okay. So I'm not going to answer that</p>	<p style="text-align: right;">Page 144</p> <p>1 definitely is a drug abuse problem.</p> <p>2 Q. You believe it rises to the level of crisis?</p> <p>3 A. Yes.</p> <p>4 Q. How would you define that level of crisis?</p> <p>5 A. Something that is difficult, if not almost</p> <p>6 impossible, to control and that is getting larger than</p> <p>7 it's getting -- than it's being diminished.</p> <p>8 Q. Do you believe there's a problem in Tarrant</p> <p>9 County as it relates to alcohol?</p> <p>10 A. Yes. Yes.</p> <p>11 Q. Do you believe there's a problem in Tarrant</p> <p>12 County with the abuse of methamphetamines?</p> <p>13 A. Yes.</p> <p>14 Q. Do you believe there is a problem with the</p> <p>15 abuse in Tarrant County of marijuana?</p> <p>16 A. There's a tremendous amount of usage of</p> <p>17 marijuana in Tarrant County.</p> <p>18 Q. And do you believe it rises -- the abuse rises</p> <p>19 to a level of crisis?</p> <p>20 MR. JANUSH: Objection.</p> <p>21 A. I don't know the answer to that question.</p> <p>22 Q. (BY MR. WAHBY) Okay. How about cocaine? Do</p> <p>23 you believe that there is a crisis of -- a cocaine abuse</p> <p>24 crisis in Tarrant County?</p> <p>25 MR. JANUSH: Objection.</p>
<p style="text-align: right;">Page 143</p> <p>1 question.</p> <p>2 Q. Okay. Aside from that closed session meeting,</p> <p>3 did you have any other involvement or were you party to</p> <p>4 any discussions relating to the filing of this lawsuit?</p> <p>5 A. I sit in on closed sessions, and the other</p> <p>6 action that I had was to prepare the agendas for the</p> <p>7 Commissioners Court, to execute or to have the</p> <p>8 Commissioners Court formally vote to join this lawsuit.</p> <p>9 Q. Do you believe there is a substance abuse</p> <p>10 problem in Tarrant County?</p> <p>11 A. Yes.</p> <p>12 Q. Why do you believe that?</p> <p>13 A. I believe that because of all of the different</p> <p>14 programs that we have been funding and continue to fund,</p> <p>15 and quite frankly, probably there's more need out there</p> <p>16 than resources to address, not only drug abuse, but drug</p> <p>17 overdose deaths. And we see it in our hospitals. We</p> <p>18 see it in our jails. We see it in the Medical</p> <p>19 Examiner's Office. We see it in Child Protective</p> <p>20 Services. We see it in -- in Domestic Relations. We</p> <p>21 see it in Cornerstone, which is our -- which are those</p> <p>22 individuals coming back from the penitentiary. We see</p> <p>23 it in a number of different programs. So, you know, the</p> <p>24 material that I've seen, the individuals who I've seen</p> <p>25 with drug problems leads me to believe that there</p>	<p style="text-align: right;">Page 145</p> <p>1 A. I know that cocaine is extremely prevalent and</p> <p>2 available in Tarrant County.</p> <p>3 Q. (BY MR. WAHBY) Do you believe that the abuse</p> <p>4 of cocaine rises to the level of a crisis in Tarrant</p> <p>5 County?</p> <p>6 MR. JANUSH: Objection.</p> <p>7 A. Yes. You're asking for my personal belief,</p> <p>8 right?</p> <p>9 Q. (BY MR. WAHBY) Your personal belief -- do you</p> <p>10 have a belief in your capacity as the Tarrant County</p> <p>11 witness?</p> <p>12 MR. JANUSH: No, I'm actually not going</p> <p>13 to let you answer that. That's so far afield from the</p> <p>14 deposition notice. We're off topic. And if you want to</p> <p>15 push it, we'll just pause, stay on the record and call</p> <p>16 Special Master Cohen, or you can enumerate which topic</p> <p>17 this falls under.</p> <p>18 Q. (BY MR. WAHBY) Do you have a -- in your role</p> <p>19 as the county administrator for -- since 1988, do you</p> <p>20 have a belief as to whether there is a heroin problem</p> <p>21 and abuse in Tarrant County?</p> <p>22 A. Yes.</p> <p>23 Q. And that rises to the level of a crisis?</p> <p>24 A. I believe there is, yes.</p> <p>25 Q. How about fentanyl? Same question for</p>

<p style="text-align: right;">Page 146</p> <p>1 fentanyl.</p> <p>2 A. Oh, absolutely.</p> <p>3 Q. What substances are most often abused in</p> <p>4 Tarrant County?</p> <p>5 MR. JANUSH: Objection.</p> <p>6 A. I don't know if I can answer that. If you're</p> <p>7 asking for a personal opinion, that's one thing. Asking</p> <p>8 for -- for a different opinion, well, then that's</p> <p>9 something else. I think fentanyl is -- fentanyl is</p> <p>10 killing more people than -- than -- and it's simply</p> <p>11 because the people don't know what's in their drugs that</p> <p>12 they're using and the quantity that they're consuming.</p> <p>13 Heroin is an extremely bad problem, simply because it is</p> <p>14 so -- so much available and the price of heroin compared</p> <p>15 to a lot of other opioids is a lot less.</p> <p>16 Q. Do you believe -- do you agree that there are</p> <p>17 many factors that could drive a person to use heroin?</p> <p>18 MR. JANUSH: Objection.</p> <p>19 A. I think there's several factors that -- yes.</p> <p>20 Q. (BY MR. WAHBY) Do you believe that there</p> <p>21 could be -- there are situations where somebody would</p> <p>22 use heroin without previously trying a prescription</p> <p>23 opioid?</p> <p>24 MR. JANUSH: Objection.</p> <p>25 A. Possibly, but the data that I've seen is that</p>	<p style="text-align: right;">Page 148</p> <p>1 is higher in this country than any other country.</p> <p>2 Q. Do you believe there is an opioid epidemic in</p> <p>3 Tarrant County?</p> <p>4 A. I think there's significant usage. There's</p> <p>5 significant deaths, and I guess the question becomes how</p> <p>6 many people have to die before it becomes an epidemic,</p> <p>7 you know?</p> <p>8 Q. Well, you know, that -- I think that is a real</p> <p>9 question. When you're trying to say is this a problem,</p> <p>10 is this a crisis, is this an epidemic in the sense that</p> <p>11 these are -- these are graduated levels of how serious</p> <p>12 and widespread a problem is. So any one death is</p> <p>13 tragic, but before we say that there's an opioid</p> <p>14 epidemic, then I think that there's a -- there's a</p> <p>15 question about that, and that's why I'm asking you, in</p> <p>16 your mind and over your 35 years, would you say that</p> <p>17 there's an opioid epidemic in Tarrant County?</p> <p>18 MR. JANUSH: Objection and move to strike</p> <p>19 the monologue at line 1:34:20 to 1:35:03.</p> <p>20 Q. (BY MR. WAHBY) You can answer.</p> <p>21 A. I think that there's an opioid epidemic that</p> <p>22 we're witnessing, and I think it's been brought to the</p> <p>23 forefront with -- with the fentanyl, and fentanyl is an</p> <p>24 opioid. So yeah, is there an opioid epidemic? Yes.</p> <p>25 Q. In your own words, what would you say is the</p>
<p style="text-align: right;">Page 147</p> <p>1 when we talk with heroin users, the majority of them</p> <p>2 start with using some type of prescription pills.</p> <p>3 Q. (BY MR. WAHBY) With prescription opioids?</p> <p>4 A. Hydrocodone, yeah. Yes, sir.</p> <p>5 Q. And when you say when we talk with them, are</p> <p>6 you a party to that, or are you referring to --</p> <p>7 A. I am not a party to those conversations;</p> <p>8 however, I've seen the reports whenever they do surveys</p> <p>9 of users.</p> <p>10 Q. So it's your belief that a prescription opioid</p> <p>11 is the gateway to using heroin? Is that your belief?</p> <p>12 A. I believe that over 50 percent -- according to</p> <p>13 the documentation, that over 50 percent of -- actually,</p> <p>14 it's a higher percentage than that -- of people that use</p> <p>15 heroin started with -- with an opioid pill, a</p> <p>16 pharmaceutical opioid.</p> <p>17 Q. And you're familiar with the term "opioid</p> <p>18 epidemic," correct?</p> <p>19 A. Yes.</p> <p>20 Q. What's that phrase mean to you?</p> <p>21 A. That -- that the -- that the unlawful</p> <p>22 utilization of opioids or opioids that have been abused,</p> <p>23 even though they may be prescription opioids, have</p> <p>24 gotten to the point where that the utilization of that</p> <p>25 type of pain reliever compared to the general population</p>	<p style="text-align: right;">Page 149</p> <p>1 causes? What are the causes of that epidemic?</p> <p>2 MR. JANUSH: Objection.</p> <p>3 Q. (BY MR. WAHBY) You can answer.</p> <p>4 MR. JANUSH: I mean, not really because</p> <p>5 you're here as a 30(b)(6) on the enumerated topics and</p> <p>6 not here --</p> <p>7 MR. WAHBY: He also has personal</p> <p>8 knowledge, so. He was the county administrator for</p> <p>9 35 years.</p> <p>10 MR. JANUSH: If you can answer that</p> <p>11 without speculation as to the causes of the epidemic,</p> <p>12 please go -- go forward and do so.</p> <p>13 Q. (BY MR. WAHBY) In your 35 years as the</p> <p>14 senior-most unelected official in this county --</p> <p>15 A. Yes, sir.</p> <p>16 Q. -- what's your opinion of the causes of the</p> <p>17 genesis of the opioid epidemic in this county?</p> <p>18 A. The -- some of the societal issues that we've</p> <p>19 seen. The pandemic was a good example. Before then,</p> <p>20 the rise of social media where there was not interaction</p> <p>21 between humans anymore except through an electronic</p> <p>22 device. I think that -- that the ease of -- of the</p> <p>23 ability to access originally drugs that may have been</p> <p>24 prescribed or found in the medicine cabinet or maybe</p> <p>25 even the marijuana that people were smoking, but now to</p>

<p style="text-align: right;">Page 150</p> <p>1 the ease and availability of opioids, street opioids and 2 other opioids. 3 Q. Do you have any sense of the degree to which 4 you would blame prescription opioids? 5 A. Through the material that I've seen and the 6 charts that I've seen and documentation from people that 7 I would consider experts -- that would be people from 8 Drug Enforcement Administration and -- and other law 9 enforcement and community groups -- that when -- when 10 over 50 percent of people that currently use heroin or 11 have used heroin, their path to heroin went through 12 prescription opioids, then yes, there is -- there is a 13 correlation. 14 Q. You would agree that opioids are not the 15 state's biggest drug problem or drug crisis, correct? 16 MR. JANUSH: Objection, form. 17 A. Ask your question one more time. 18 Q. (BY MR. WAHBY) You would agree that opioids 19 are not the state's biggest drug problem or drug crisis? 20 MR. JANUSH: Objection, form. 21 A. Oh, I do believe they are. 22 Q. (BY MR. WAHBY) You believe they are? 23 A. Especially when you consider heroin and -- and 24 fentanyl. 25 Q. I'm going to hand you what's been marked as</p>	<p style="text-align: right;">Page 152</p> <p>1 A. Okay. I have read the first three paragraphs. 2 Q. Okay. So you see there that there's an 3 extensive report referred to in the second paragraph? 4 A. Yes. 5 Q. An 108-page report from the House Select 6 Committee on Opioids and Substance Abuse found -- also 7 found that methamphetamine was the state's biggest 8 problem -- 9 A. Uh-huh. 10 Q. -- saying it should be labeled a Texas crisis. 11 Do you see that? 12 A. Yes, I do. 13 Q. Do you agree that that was true in Tarrant 14 County at that same time? 15 A. So we're talking about a time period of 2016 16 to 2018. This article is -- it's updated on 2018. 17 Q. That's right, we're going back in time as it 18 relates to my question. I'm not talking about the 19 current. I'm just really focused on the report and the 20 timeframe it meant to capture. 21 A. Was the consumption of methamphetamine in 22 Tarrant County a major issue back in that period? Yes, 23 it was. 24 Q. Okay. And specifically it was considered the 25 state's biggest problem. Would you agree that it was</p>
<p style="text-align: right;">Page 151</p> <p>1 Exhibit 9. 2 (Exhibit 9 marked.) 3 Q. (BY MR. WAHBY) If I could direct your 4 attention to Exhibit 9 -- 5 A. Okay. 6 Q. -- this is an email from Ms. Helen Giese. 7 That's one of the people that you spoke with, correct? 8 A. Yes. 9 Q. She was the director of Tarrant County Budget 10 and Risk Management. And it's dated December 12th, 11 2018, correct? 12 A. Yes, it is. 13 Q. And it's a report from the -- from Austin, the 14 Texas House, correct? 15 A. Yes. This is -- this is a newspaper article 16 out of the Austin American-Statesman. 17 Q. Well, take a moment and just review that 18 exhibit. 19 A. Sure. 20 Q. I want to ask you a few questions about it. 21 A. Sure. 22 Q. I really just want to ask you about the first 23 three paragraphs. 24 A. Give me half a second. 25 Q. Sure.</p>	<p style="text-align: right;">Page 153</p> <p>1 Tarrant County's biggest problem similarly at that time? 2 MR. JANUSH: Objection. 3 A. I can't say if it was the biggest problem. 4 Q. (BY MR. WAHBY) Okay. The next paragraph, the 5 first line says more people died from methamphetamine 6 use in Texas in 2016 than from opioids. Do you recall 7 that being true in Tarrant County? 8 A. I don't have any information on that. 9 Q. Okay. Do you know what "OUD" means, what that 10 acronym stands for? 11 A. OUD? Over utilization of drugs. 12 Q. How about opioid use disorder, have you ever 13 heard that reference? 14 A. Yes, I have. 15 Q. Do you recall what was the context of hearing 16 that? 17 A. Well, it's contained in -- in various 18 documents in these folders. So, you know -- so ask -- 19 I'm sorry, ask your question one more time. I want to 20 make sure I answer it correctly. 21 Q. I was asking simply if -- simply the context 22 of which you saw that reference to OUD, or opioid use 23 disorder. 24 A. So I saw that -- I saw that in -- in the 25 documents, and I can go through and point out the ones.</p>

<p style="text-align: right;">Page 154</p> <p>1 In fact, I can pull it up, if you want me to, in the 2 documents where they talked about -- about those. 3 That term has been something that has been 4 used since -- since probably, you know, within the mid 5 twenty teens. Probably maybe earlier. I know it was 6 used in '15 and '16. There's one document in here that, 7 the President's Commission on Drug Abuse, their report 8 talks about it. 9 As I said, I was not involved in drug 10 enforcement at that time. I was in an administrative 11 role here with the County. So I found that sometimes 12 whenever we find new acronyms, they -- it's just a 13 relabeling of an issue that might have been addressed 14 previously. 15 Q. Have you ever heard the term "OUD," or opioid 16 use disorder, rate as a measurement? 17 A. I will have to go back and look at one of the 18 documents that I have in -- in my book, because there 19 was a report in there -- and I don't know if it was an 20 OUD analysis, but it talked about the number of -- it 21 ranked Tarrant County with the other big six counties in 22 Texas. And I think our ranking was -- was 5.5, but 23 before I can answer that completely, I'll need to go 24 back and look at that document. 25 Q. Okay. So do you -- do you have an</p>	<p style="text-align: right;">Page 156</p> <p>1 And only answer if you're not speculating. 2 A. I'm not going to answer that question. 3 Q. (BY MR. WAHBY) Because you don't know? 4 A. Yeah. I don't want to speculate. 5 Q. Now when you were the county administrator, 6 did you personally do any work relating to the 7 prevention of opioid use or abuse in Tarrant County? 8 A. Only to the extent that -- that I worked with 9 different funding sources in order to try to provide 10 resources through the County to either do educational or 11 treatment programs. 12 Q. So when you say resources through the County, 13 was your role basically try to ensure that they had 14 their proverbial ducks in a row in connection with their 15 submission to the Commissioners Court, or was it more 16 than that and that you were an advocate of some sort 17 trying to get them more money in some way? 18 A. So -- so the way the budgeting process works 19 at the County, not only County departments but NGOs, 20 nongovernment organizations, that the County funds, they 21 submit their budgets to the budget office, and I have my 22 staff work with the budget office to go through all of 23 those documents and to see if -- if there was what we 24 believed justification to recommend to the Commissioners 25 Court to fund every -- at least -- I can't remember of</p>
<p style="text-align: right;">Page 155</p> <p>1 understanding as to whether or how Tarrant County's OUD 2 rate measured up against the state rate or the national 3 rate? 4 A. I don't have that information. 5 Q. Okay. We've talked about fentanyl. Do you 6 know what the fentanyl usage rate has been in Tarrant 7 County? 8 A. If there's -- if there's fentanyl -- I'm 9 sorry, are you asking if fentanyl was present in Tarrant 10 County or -- 11 Q. I'm asking do you know what the usage rate is 12 of fentanyl in Tarrant County? 13 A. I do not. 14 Q. And do you know -- do you know what that rate 15 is statewide? 16 A. I haven't researched that, no. 17 Q. Okay. So you don't know if the fentanyl usage 18 rate is higher or lower in Tarrant County versus the 19 Texas rate? 20 A. I don't know that for sure, no. 21 Q. Well, when you say you don't know for sure, 22 that piques my interest, is that you know it like 23 possibly in some general way. Do you have any knowledge 24 about that? 25 MR. JANUSH: Objection.</p>	<p style="text-align: right;">Page 157</p> <p>1 any instance where the -- the staff -- and those staff 2 work for me and, therefore, it came up to me -- that we 3 would not make a recommendation or state our position on 4 a funding request one way or the other. 5 So we were -- we were involved in the analysis 6 of the request, how it fit within the existing 7 revenues that we had to expend, and then we would make 8 our recommendations to the Commissioners Court. 9 Obviously, the court is -- is independent. You know, 10 they -- they utilized our recommendations, but they 11 didn't -- they didn't necessarily -- they were not 12 forced to have to approve our recommendations because 13 they're the decision-making body for the County. 14 Q. Do you specifically recall being involved in 15 any funding request that related to addressing opioid 16 abuse in Tarrant County? 17 A. Yes, and additional resources for the task 18 forces, the additional funding that was approved by the 19 Court as it related to the Narcotics Prosecution Unit of 20 the Criminal District Attorney's Office, funding that 21 dealt with the amount of moneys that we gave to 22 Challenge and the expansion of the role of Challenge as 23 we -- as we went forward. And especially at one time 24 Challenge didn't have a responsibility in the Family 25 Drug Court, and now they help operate that system for</p>

<p style="text-align: right;">Page 158</p> <p>1 us. We -- we do contractual relations with them.</p> <p>2 The County has a -- a diversion center, mainly</p> <p>3 dealt -- built around diverting people with mental</p> <p>4 health-related issues from the county jail. A lot of</p> <p>5 those individuals have drug related issues, and that all</p> <p>6 goes back to the issue of that correlation between drug</p> <p>7 abuse and mental health. And so we also -- also made</p> <p>8 recommendations to the Hospital District, which they</p> <p>9 incorporated in their budget request to the Court.</p> <p>10 So we've been involved in a substantial amount</p> <p>11 of analysis, of requests, and the determination, if it</p> <p>12 made sense and if there was what -- we were convinced</p> <p>13 there was a need for those additional resources. So,</p> <p>14 yes, that's what we did.</p> <p>15 Q. Now when you -- I want to cover two different</p> <p>16 job roles you had. When you were at the Governor's</p> <p>17 Office, your title was Group Vice President of</p> <p>18 Governmental Affairs For the Fort Worth Chamber of</p> <p>19 Commerce Executive Director. Is that right?</p> <p>20 A. Yes. Yes.</p> <p>21 Q. Executive Director of Fort Worth Crime</p> <p>22 Commission and Program Director of Texas Organized Crime</p> <p>23 Prevention Council. That's a mouthful. Is that all one</p> <p>24 job?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 160</p> <p>1 was drug trafficking, and that made up the substantial</p> <p>2 portion of all of those task forces.</p> <p>3 So we worked with our task forces. A lot of</p> <p>4 it was illegal narcotics coming up from the border, but</p> <p>5 there was also -- I know that they did some work with --</p> <p>6 with diversion of prescription pills.</p> <p>7 Q. (BY MR. WAHBY) Did you have any involvement</p> <p>8 with that?</p> <p>9 A. Only to the extent that that type of activity</p> <p>10 I considered whenever we put together their funding</p> <p>11 request from the State. And so -- but as far as an</p> <p>12 enforcement action, no, I did not.</p> <p>13 Q. I want to ask you a few of questions about</p> <p>14 your personal experience, personal knowledge about</p> <p>15 Albertsons and its affiliates who are defendants in this</p> <p>16 case. Okay?</p> <p>17 A. Sure.</p> <p>18 Q. Have you ever shopped at an Albertsons?</p> <p>19 A. I shop at both Albertsons and Tom Thumb.</p> <p>20 Q. Okay. Have you ever had -- have you ever had</p> <p>21 a bad experience at an Albertsons or a Tom Thumb?</p> <p>22 MR. JANUSH: Objection.</p> <p>23 A. No.</p> <p>24 Q. (BY MR. WAHBY) Have you ever used an</p> <p>25 Albertsons or a Tom Thumb pharmacy?</p>
<p style="text-align: right;">Page 159</p> <p>1 Q. Okay. So those were different jobs you had?</p> <p>2 A. So -- so the Organized Crime Prevention</p> <p>3 Council was a -- was that executive order agency that</p> <p>4 was formed in the Governor's Office. I moved from that</p> <p>5 to -- to the Crime Commission. The Crime Commission was</p> <p>6 part of the Fort Worth Chamber, and that move was made</p> <p>7 January 1, 1982. And because of my work in the</p> <p>8 Governor's Office and several different governors, as</p> <p>9 the chamber went through some -- went through some</p> <p>10 reorganization, they wanted me to also take on the</p> <p>11 additional role of Group Vice President For Governmental</p> <p>12 Affairs.</p> <p>13 Q. Okay. And in any of those roles, Vice</p> <p>14 President of Governmental Affairs, Executive Director of</p> <p>15 Fort Worth Crime Commission, Program Director of Texas</p> <p>16 Organized Crime Prevention Council --</p> <p>17 A. Yeah.</p> <p>18 Q. -- and your role in the Citizens Crime</p> <p>19 Commission, in any of those roles did you work to</p> <p>20 address prescription opioid abuse?</p> <p>21 MR. JANUSH: Objection, form.</p> <p>22 A. Yes. So when I was with the Organized Crime</p> <p>23 Council, as I said previously, there were two areas that</p> <p>24 we were heavily involved in. One was -- one was</p> <p>25 gambling, which was not a big element of that. But it</p>	<p style="text-align: right;">Page 161</p> <p>1 MR. JANUSH: Objection.</p> <p>2 A. Yes.</p> <p>3 Q. (BY MR. WAHBY) Okay. How long have you --</p> <p>4 how long have you used an Albertsons or a Tom Thumb</p> <p>5 pharmacy?</p> <p>6 A. Numerous years. I have a Tom Thumb store down</p> <p>7 the street from me.</p> <p>8 Q. And is that -- is that your primary grocery</p> <p>9 store?</p> <p>10 A. Yes.</p> <p>11 Q. Is that your primary pharmacy?</p> <p>12 A. Mine, yes.</p> <p>13 Q. Do you have a spouse who uses a different</p> <p>14 pharmacy?</p> <p>15 A. She uses Tom Thumb, and she also uses CVS.</p> <p>16 Q. Okay. Have you or your wife ever had any</p> <p>17 problem or issue in connection with your using a Tom</p> <p>18 Thumb pharmacy?</p> <p>19 MR. JANUSH: Objection.</p> <p>20 A. No.</p> <p>21 Q. (BY MR. WAHBY) Okay. No complaints about</p> <p>22 your -- either your shopping at a Tom Thumb or an</p> <p>23 Albertsons or your use of their pharmacy?</p> <p>24 A. No.</p> <p>25 Q. How long would you say that there's been an</p>

<p style="text-align: right;">Page 162</p> <p>1 illicit opioid use crisis in Tarrant County?</p> <p>2 MR. JANUSH: We're talking about illicit,</p> <p>3 not licit?</p> <p>4 MR. WAHBY: Correct.</p> <p>5 MR. JANUSH: Okay.</p> <p>6 A. I don't know how many years. It's been</p> <p>7 numerous years.</p> <p>8 Q. (BY MR. WAHBY) Do you have a sense of how</p> <p>9 long you believe there's been an illicit opioid abuse</p> <p>10 crisis in Tarrant County?</p> <p>11 A. So we have been -- in my role as the county</p> <p>12 administrator, we have been funding programs to --</p> <p>13 dealing with -- with drugs pretty much for at least 20,</p> <p>14 25 years. I can't say specifically. I will have to go</p> <p>15 back and look at 25 years's or 35 years's worth of data.</p> <p>16 Q. Okay. So you're referring to funding programs</p> <p>17 dealing with drugs for 20 or 25 years. About how long</p> <p>18 do you believe there's been an illicit opioid crisis in</p> <p>19 this county relating to illicit opioids specifically?</p> <p>20 A. Illicit?</p> <p>21 Q. Yes.</p> <p>22 A. Well, I know that there has been -- what I do</p> <p>23 know is that there has been a significant amount of</p> <p>24 heroin consumption in this county since at least 1988</p> <p>25 and probably actually before then simply when I was with</p>	<p style="text-align: right;">Page 164</p> <p>1 A. Yeah.</p> <p>2 And so before then, there was -- there was</p> <p>3 abuse of -- of prescription pills.</p> <p>4 Q. By prescription pills, you mean prescription</p> <p>5 opioids?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. And so do you have -- so you believe it</p> <p>8 started before 2020?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. Do you have a sense of how long before</p> <p>11 2020 you believe prescription opioids have been abused</p> <p>12 in Tarrant County?</p> <p>13 A. No, I don't -- I don't know the answer to</p> <p>14 that.</p> <p>15 Q. And why do you believe that it began before</p> <p>16 2020?</p> <p>17 A. So -- so several reasons. I know that</p> <p>18 various articles that appeared in the papers and some</p> <p>19 intelligence reports, we saw that -- that there was --</p> <p>20 there was more situations, at least that came to the</p> <p>21 public eye, of -- of pill factories basically, you know,</p> <p>22 and where that they would make busts. And they're still</p> <p>23 making them today, not necessarily in Tarrant County,</p> <p>24 but in Texas. Where you have -- I don't want to call it</p> <p>25 an organized crime ring, but in a way it is because you</p>
<p style="text-align: right;">Page 163</p> <p>1 the Crime Commission. I worked with the police</p> <p>2 departments, and that was an issue here. You didn't</p> <p>3 have a lot of methamphetamine here at that time, but</p> <p>4 heroin was -- was readily available and -- and so, you</p> <p>5 know, there's -- it's been here a long time.</p> <p>6 Q. So you believe it started in 1988?</p> <p>7 A. Well, now when you say -- I don't know when</p> <p>8 exactly it started, but if you ask me when I thought</p> <p>9 that -- when I became aware of it, probably in '88,</p> <p>10 maybe a little bit before '88.</p> <p>11 Q. Okay. And when -- when do you believe</p> <p>12 prescription opioids became a problem in Tarrant County?</p> <p>13 A. I don't know. I don't know the answer to</p> <p>14 that.</p> <p>15 Q. Do you have any sense of how long you believe</p> <p>16 it's been going on?</p> <p>17 A. I don't know exactly how long it's been going</p> <p>18 on.</p> <p>19 Q. Okay. You don't know -- do you know generally</p> <p>20 how long you think it's been going on?</p> <p>21 A. So -- so it -- I know that -- I know that it's</p> <p>22 been going on for a certain amount of time, and you</p> <p>23 asked is that five years. I knew it was before the</p> <p>24 COVID pandemic got here, which was '18, '19, '20.</p> <p>25 Q. '20.</p>	<p style="text-align: right;">Page 165</p> <p>1 have violators that are doctors and -- and pharmacists</p> <p>2 and -- pharmacists and pharmacies that -- that still</p> <p>3 divert these drugs from its intended use.</p> <p>4 Q. Where -- where in Tarrant County do you</p> <p>5 believe, if anywhere, there is a prescription opioid</p> <p>6 crisis?</p> <p>7 A. Oh, I think it's -- I think it's countywide,</p> <p>8 quite frankly. There may be -- there may be areas that</p> <p>9 we have been told about more than some areas, but I</p> <p>10 don't think there's any one place -- any one location in</p> <p>11 Tarrant County where -- where this is not a major</p> <p>12 problem.</p> <p>13 Q. So you don't believe that it's more pronounced</p> <p>14 in Arlington versus, you know, Mansfield, for example?</p> <p>15 MR. JANUSH: Objection.</p> <p>16 Q. (BY MR. WAHBY) I mean, there's no</p> <p>17 differentiating the different parts of the county as to</p> <p>18 where this problem might be more pronounced in your</p> <p>19 mind?</p> <p>20 A. I can't say.</p> <p>21 Q. Are you aware of any pharmacy in Tarrant</p> <p>22 County that you believed contributed to an oversupply of</p> <p>23 prescription opioids in Tarrant County?</p> <p>24 MR. JANUSH: Objection.</p> <p>25 A. I personally don't have any knowledge on that</p>

<p style="text-align: right;">Page 166</p> <p>1 issue.</p> <p>2 Q. (BY MR. WAHBY) So you can't identify a single</p> <p>3 pharmacy that contributed to the oversupply of</p> <p>4 prescription opioids in Tarrant County?</p> <p>5 MR. JANUSH: Objection.</p> <p>6 A. I know that by talking to Chief Bond, that</p> <p>7 there are those in Tarrant County. I just simply didn't</p> <p>8 ask him where they're located.</p> <p>9 Q. (BY MR. WAHBY) Okay. Aside from where</p> <p>10 they're located, do you know their identity?</p> <p>11 MR. JANUSH: Objection.</p> <p>12 A. No, I do not.</p> <p>13 Q. (BY MR. WAHBY) Does Tarrant County have data</p> <p>14 on the number of residents addicted to prescription</p> <p>15 opioids?</p> <p>16 A. There's several -- there is -- the totality of</p> <p>17 numbers? No, simply because self-reporting is not</p> <p>18 something that most people do. And while we -- we can</p> <p>19 monitor what's happening at the Medical Examiner's</p> <p>20 Office and the SSD that the Public Health uses through</p> <p>21 their -- their -- their programs of surveillance,</p> <p>22 syndromic surveillance, you know, there's some there,</p> <p>23 but are those numbers -- are those numbers complete?</p> <p>24 No, they're not.</p> <p>25 Q. Okay.</p>	<p style="text-align: right;">Page 168</p> <p>1 Q. What data do you believe they have that's</p> <p>2 incomplete?</p> <p>3 A. Well, I know that -- that -- that there is</p> <p>4 some data that the Public Health Department has, through</p> <p>5 some of the reportings that we have from emergency</p> <p>6 rooms, also from some doctors that report, but that's</p> <p>7 the extent of the -- of what I know.</p> <p>8 Q. Of the three entities you identified, the</p> <p>9 public -- some Public Health data, ER departments,</p> <p>10 doctors who may report, do you know how that</p> <p>11 information, assuming that it's collected, is</p> <p>12 maintained?</p> <p>13 A. I know that -- that that data that's collected</p> <p>14 by the Public Health Department is -- it's maintained by</p> <p>15 the department itself. When it comes to -- to the</p> <p>16 Medical Examiner's Office, they can tell you how many</p> <p>17 overdose deaths that they've had. They can't tell you</p> <p>18 the sequencing of -- of how they got to that particular</p> <p>19 type of drug. Of course, you know, from the very</p> <p>20 beginning, the -- the whole issue of licit prescriptions</p> <p>21 has been the stepping stone to harder drugs. So, you</p> <p>22 know, when you talk about how long that's been in</p> <p>23 Tarrant County, it's been here for numerous years.</p> <p>24 Q. Okay. So we were talking about the illicit</p> <p>25 and prescription addictions. I want to ask about</p>
<p style="text-align: right;">Page 167</p> <p>1 MR. JANUSH: I just have to pause and ask</p> <p>2 for a break. We've been going for well over an hour</p> <p>3 now.</p> <p>4 MR. WAHBY: Okay. We'll go off the</p> <p>5 record.</p> <p>6 THE WITNESS: Sure.</p> <p>7 THE VIDEOGRAPHER: We're off the record</p> <p>8 at 3:19 p.m.</p> <p>9 (Break from 3:19 p.m. to 3:34 p.m.)</p> <p>10 THE VIDEOGRAPHER: We are back on the</p> <p>11 record at 3:34 p.m.</p> <p>12 Q. (BY MR. WAHBY) Before we took a break, we had</p> <p>13 been discussing, you and I, the -- whether Tarrant</p> <p>14 County has data on the number of residents addicted to</p> <p>15 prescription opioids.</p> <p>16 A. Yes.</p> <p>17 Q. I want -- similarly, does Tarrant County have</p> <p>18 data on the number of residents addicted to illicit</p> <p>19 opioids?</p> <p>20 A. I don't believe that the data that they have</p> <p>21 is complete data, and because there's not -- there's not</p> <p>22 a way that you can -- you can track people that may be</p> <p>23 addicted to those type of drugs, and they're not forced</p> <p>24 to report to the -- either the County or the State or</p> <p>25 the federal government.</p>	<p style="text-align: right;">Page 169</p> <p>1 prescription and illicit deaths. Do you know if the</p> <p>2 County maintains data for the number of deaths caused by</p> <p>3 illicit opioids?</p> <p>4 A. The only thing that I know is the Medical</p> <p>5 Examiner -- that person is brought to the Medical</p> <p>6 Examiner's Office to do a toxicology screen, and -- and</p> <p>7 if there's records for the cause of death, it would be</p> <p>8 maintained by the Medical Examiner's Office. That</p> <p>9 doesn't mean that that information is not shared or</p> <p>10 isn't compiled in a larger pool of data, but as far as I</p> <p>11 know personally, I know the Medical Examiner's Office</p> <p>12 probably keeps those records.</p> <p>13 Q. Okay. Do you know if the County maintains</p> <p>14 data for the number of deaths caused by prescription</p> <p>15 opioids?</p> <p>16 A. I don't know the answer to that question.</p> <p>17 Q. Can you get from your notebook the document at</p> <p>18 tab 27? We're going to mark it as an exhibit.</p> <p>19 A. Tab 47?</p> <p>20 Q. 27.</p> <p>21 A. 27. Yes, I can.</p> <p>22 Q. I just want to make sure that this is the</p> <p>23 correct -- yes.</p> <p>24 (Exhibit 10 marked.)</p> <p>25 Q. (BY MR. WAHBY) So I am going to mark</p>

<p style="text-align: right;">Page 170</p> <p>1 Exhibit 10 and hand back to you --</p> <p>2 THE VIDEOGRAPHER: Your microphone.</p> <p>3 MR. WAHBY: Oh, yeah.</p> <p>4 If you would raise that up, your microphone</p> <p>5 there.</p> <p>6 Q. (BY MR. WAHBY) I am handing you what's been</p> <p>7 marked as Exhibit 10.</p> <p>8 A. Thank you.</p> <p>9 Q. And it's Bates labeled TARRANT_00693999 to</p> <p>10 4000. If you would take a moment and review that</p> <p>11 document.</p> <p>12 A. Sure. Okay.</p> <p>13 Q. Have you seen this document before?</p> <p>14 A. Yes, I have.</p> <p>15 Q. Have you seen it prior to preparing for your</p> <p>16 deposition today?</p> <p>17 A. No, I have not.</p> <p>18 Q. Do you know Chris Heartsill?</p> <p>19 A. I don't know him personally.</p> <p>20 Q. Do you know who he is?</p> <p>21 A. All I know is that he worked for the ME's</p> <p>22 Office.</p> <p>23 Q. Okay. And this Exhibit No. 10 involves</p> <p>24 initially an email from Mr. Chris Heartsill from the</p> <p>25 Tarrant County Medical Examiner's Office to Billy</p>	<p style="text-align: right;">Page 172</p> <p>1 you disagree with?</p> <p>2 A. I'll have to do a little more research on it,</p> <p>3 but it seems to cover a lot of the different opioids</p> <p>4 that make up this epidemic, and it talks about different</p> <p>5 ways as to how they could be obtained, you know, through</p> <p>6 regular prescriptions, abuse of prescriptions, diversion</p> <p>7 of prescription drugs to the street, use of illicit</p> <p>8 drugs, and things such as that.</p> <p>9 Q. He goes on to say that in many cases the</p> <p>10 imported and far more potent fentanyl analogs are being</p> <p>11 included in counterfeit pills that mimic legitimate --</p> <p>12 the legitimate prescriptions. Do you see that?</p> <p>13 A. Yes, I do.</p> <p>14 Q. This has led to the death of many drug abusers</p> <p>15 when these counterfeit pills are purchased on the</p> <p>16 street, correct?</p> <p>17 A. That's what it says, yes, sir.</p> <p>18 Q. Okay. Do you agree that there's a difference</p> <p>19 between a -- a counterfeit pill containing fentanyl and</p> <p>20 a legitimate prescription secured from a pharmacy?</p> <p>21 A. Yes.</p> <p>22 Q. He says Texas has not been the epicenter of</p> <p>23 this problem. Do you see that?</p> <p>24 A. Yes, I do.</p> <p>25 Q. Then he's comparing it to issues with states</p>
<p style="text-align: right;">Page 171</p> <p>1 O'Dell, copying himself Chris Heartsill, and Ronald</p> <p>2 Singer, and the subject is opioid-related deaths.</p> <p>3 Correct?</p> <p>4 A. That's correct.</p> <p>5 Q. Are you familiar with the role of a quality</p> <p>6 manager within the Tarrant County Medical Examiner's</p> <p>7 Office?</p> <p>8 A. I don't know specifically what they do, but we</p> <p>9 have them.</p> <p>10 Q. Have you ever spoken to Mr. Heartsill?</p> <p>11 A. Not to my knowledge.</p> <p>12 Q. Okay. He explains at the bottom of the first</p> <p>13 page, the opioid epidemic as it is -- as it is described</p> <p>14 is a complicated problem that is entangled between</p> <p>15 legitimate therapeutic use (prescriptions), abuse of</p> <p>16 prescriptions, diversion of prescriptions to the street,</p> <p>17 use of illicit drugs, and import of very potent drugs</p> <p>18 from overseas. Do you see that?</p> <p>19 A. Yes, I do.</p> <p>20 Q. Do you agree with that? Strike that.</p> <p>21 Do you agree with that as a summary of the</p> <p>22 opioid epidemic?</p> <p>23 MR. JANUSH: Objection.</p> <p>24 A. Generally, yes.</p> <p>25 Q. (BY MR. WAHBY) Is there an aspect of it that</p>	<p style="text-align: right;">Page 173</p> <p>1 like West Virginia, Ohio, New Hampshire and Kentucky,</p> <p>2 correct?</p> <p>3 A. Yes.</p> <p>4 Q. Do you agree that Texas has not been the</p> <p>5 epicenter of the opioid epidemic?</p> <p>6 A. So I don't have enough knowledge to -- to make</p> <p>7 that statement. You know, I've read issues dealing with</p> <p>8 West Virginia and Kentucky. I'm not so sure about Ohio</p> <p>9 and north -- or, I'm sorry, New Hampshire.</p> <p>10 Q. Okay. But as you sit here, you can't speak to</p> <p>11 whether or not the abuse has been worse in Texas or --</p> <p>12 versus these other states that are referenced in this</p> <p>13 exhibit, correct?</p> <p>14 A. That's correct.</p> <p>15 Q. Okay. And you can't speak to whether the</p> <p>16 abuse has been worse in Tarrant County than other parts</p> <p>17 of the state, correct?</p> <p>18 A. That's correct.</p> <p>19 Q. Okay. He goes on to talk about the testing</p> <p>20 process, and he says the testing process and toxicology</p> <p>21 laboratory for TCME -- that's the Tarrant County Medical</p> <p>22 Examiner?</p> <p>23 A. Uh-huh.</p> <p>24 Q. Correct?</p> <p>25 A. Yes, it is.</p>

<p style="text-align: right;">Page 174</p> <p>1 Q. -- does not take into account the cause or 2 manner of death, the legitimacy of the source of drugs 3 or the prescription status of the user, correct? 4 A. That's what it says, yes. 5 Q. So if somebody dies and an opioid is detected 6 in their system, his point is the medical examiner can't 7 provide guidance as to whether that death was from a 8 prescription opioid that was rightly obtained, an 9 illicit opioid, or other classes or categories that 10 contribute to this problem, correct? That's what he's 11 saying here? 12 A. Yeah, that's correct. 13 Q. He goes on in the next paragraph, While there 14 are certainly costs in operating the laboratory, the 15 toxicology testing process does not result in charges 16 for Tarrant County directly or the affiliated Tarrant 17 County Medical Examiner, medical examiner system. 18 A. Yes. 19 Q. All right. So the point is if somebody dies 20 as a result of an opioid overdose and the Medical 21 Examiner has to deal with that, his point is that 22 doesn't result -- the Medical Examiner's process of 23 dealing with that death, there isn't a resulting charge 24 or cost to the County for that effort by the Medical 25 Examiner, correct?</p>	<p style="text-align: right;">Page 176</p> <p>1 of those counties to help offset the cost of operating 2 the Medical Examiner's Office and the lab. So what he's 3 saying here is that above and beyond those -- that 4 revenue that's coming in from Tarrant County and the 5 three other counties, that there is not an additional 6 charge on top of that to Tarrant County, or he says the 7 system, which he's talking about the three other 8 counties. 9 So what's happening here is that -- I'll give 10 you an example. Let's say that Fort Worth Police 11 Department sends the County some substance that they 12 want to have analyzed. It could be -- it could be just 13 a liquid. It could be anything. So we run toxicology, 14 and we do various drug screens, and we charge Fort Worth 15 for that service. If the Sheriff's Department or the 16 District Attorney's Office has a chemical that they want 17 us to -- that they want the lab to analyze, there's not 18 an additional charge that is made to Tarrant County for 19 either the sheriff or the DA, simply because we are the 20 ones who pay for all of the operations to begin with, 21 and part of those operations is for the Medical 22 Examiner's Office to -- to do those tests. So that's 23 what -- that's what this sentence means. 24 Q. Okay. The point that he's -- the last -- 25 second to last sentence, unfortunately, we will not be</p>
<p style="text-align: right;">Page 175</p> <p>1 A. So let's talk a little bit about how the 2 Medical Examiner, what he's saying here. 3 First of all, understand that the Medical 4 Examiner's Office is comprised of the ME's Office and 5 the County lab, and they're combined and they're under 6 the auspices of the Medical Examiner. Tarrant County 7 through its ad valorem taxes pays for that operation. 8 Okay? So we -- 9 Q. When you say that operation -- 10 A. The personnel, the testing equipment, the 11 facilities, the -- the supplies that they need to do 12 that, Tarrant County pays for all of that through the 13 normal budget process. 14 Q. The Medical Examiner's Office, just having an 15 office? 16 A. Yes. And -- and, for example, Chris Heartsill 17 is an employee of Tarrant County, and Tarrant County 18 pays his salary. The people that do the testing are 19 Tarrant County employees, and they are paid for by 20 Tarrant County. So what he is saying here -- and -- 21 and by the way, there are three other counties that 22 comprise -- along with Tarrant, that comprise the 23 Medical Examiner's district. That's what he's talking 24 about when he says system. 25 So there is a fee that is charged to each one</p>	<p style="text-align: right;">Page 177</p> <p>1 able to provide even an estimate of the cost to Tarrant 2 County related to the opioid epidemic. Do you see that? 3 A. Yeah. Second to -- yeah. 4 Q. Okay. So the point is -- because there's many 5 reasons that they're doing a toxicology report in the 6 Medical Examiner's Office, the point is they can't -- 7 they don't have the ability to apportion some amount -- 8 a particular report to the opioid epidemic differently 9 than they would apportion it to, for example, a cocaine 10 overdose. His point is simply there's so many different 11 factors, that we can't provide an estimate of the cost 12 to Tarrant County related to the opioid epidemic. 13 Correct? 14 A. So I disagree with that statement to a certain 15 extent. 16 First of all, the Medical Examiner's Office 17 has not historically attempted to divide those costs 18 between different type of causes of death. I mean, 19 when you do an autopsy for someone who has expired, 20 regardless of how that person died, you know, you're 21 going to do that autopsy and it's going to be paid for. 22 If it's in the district, it will be paid for the fees 23 that they have already paid into the general fees that 24 are under contract with the County. They have never 25 collected that type of data specifically for toxicology</p>

<p style="text-align: right;">Page 178</p> <p>1 issues related to opioids.</p> <p>2 It's my belief that what he is saying, you</p> <p>3 know, we just don't have that -- that broken down. And,</p> <p>4 you know, we don't do -- we don't do time in motion</p> <p>5 studies for our -- our toxicologists and our lab workers</p> <p>6 or anyone. We -- we know that it's going to cost -- we</p> <p>7 anticipate it's going to cost X number of dollars to</p> <p>8 operate the ME's Office and the lab, and we -- we -- the</p> <p>9 way we determine how that's going to be is cases, like</p> <p>10 with the Medical Examiner's Office with assistant</p> <p>11 medical examiners, not the chief medical examiner, but</p> <p>12 one of the doctors that do -- one of -- I think we have</p> <p>13 about eight or nine now. NAME, which is the National</p> <p>14 Association of Medical Examiners, they basically say you</p> <p>15 should not do more than X number of autopsies per person</p> <p>16 every year. So we watch the number of autopsies that</p> <p>17 come in, and if we get to a point where that we're</p> <p>18 getting more off -- more bodies that need to be</p> <p>19 autopsied, then we may have to supplement that by giving</p> <p>20 them another -- another ME.</p> <p>21 The same way with the laboratory. There's --</p> <p>22 you know, we can do certain things, and we buy equipment</p> <p>23 that expedites some of the analysis. Toxicology is one</p> <p>24 that takes a while to do because there's a test and then</p> <p>25 there's a retest on -- to make sure that it's accurate,</p>	<p style="text-align: right;">Page 180</p> <p>1 A. So I'm agreeing to that to the extent that</p> <p>2 they don't capture those costs individually, and those</p> <p>3 costs are mixed in with all the other costs that it</p> <p>4 takes to run the Medical Examiner's Office.</p> <p>5 Q. Just to have an office. To your point, your</p> <p>6 testimony is that if you have more cases, then you have</p> <p>7 to allocate more resources, but they're not looking as</p> <p>8 to why you have more cases. They just know that last</p> <p>9 year -- or two years ago, you did 100 cases and last</p> <p>10 year you did 120 cases and maybe this year you're going</p> <p>11 to do more, so you have to allocate more money. That's</p> <p>12 what you're saying. So they have to -- the -- the --</p> <p>13 the estimate -- they do know the estimate in that</p> <p>14 regard. Is that your testimony?</p> <p>15 MR. JANUSH: Objection, because I think</p> <p>16 we're in the field of expert testimony in terms of what</p> <p>17 experts do in these cases.</p> <p>18 MR. WAHBY: Okay. Strike that.</p> <p>19 Q. (BY MR. WAHBY) Let me ask you a different</p> <p>20 question. You believe the costs could go up if the case</p> <p>21 number goes up? That's what you've testified to?</p> <p>22 A. What I testified to is that if -- the costs</p> <p>23 could go up if we get to a point where the amount of</p> <p>24 resources that we have consumes all of its capacity and</p> <p>25 there is a need for additional resources to do</p>
<p style="text-align: right;">Page 179</p> <p>1 and so -- but it's never broken down by case types</p> <p>2 because the case type is not something that -- that</p> <p>3 you're looking for, as far as why that person died.</p> <p>4 What you're doing is you're examining the body fluids,</p> <p>5 toxicology, and -- and you're determining what is in</p> <p>6 that system. Now they can determine to what extent, you</p> <p>7 know, the high potency of a -- of a drug, but that --</p> <p>8 they're not going to necessarily make the assumption</p> <p>9 that that's the reason that person died.</p> <p>10 Q. Do you agree with the quality manager in the</p> <p>11 Tarrant County Medical Examiner's Office that the</p> <p>12 Tarrant County Medical Examiner will not be able to</p> <p>13 provide even an estimate on the cost to Tarrant County</p> <p>14 related to the opioid epidemic?</p> <p>15 A. Yeah, because they don't -- they don't capture</p> <p>16 that cost as a -- as a stand-alone cost.</p> <p>17 Q. So you agree with Mr. Heartsill's</p> <p>18 conclusion --</p> <p>19 MR. JANUSH: Objection.</p> <p>20 Q. (BY MR. WAHBY) -- that, quote, unfortunately,</p> <p>21 we will not be able to provide even an estimate on the</p> <p>22 cost to Tarrant County related to the opioid epidemic,</p> <p>23 end quote. Do you agree with what he is saying as the</p> <p>24 quality manager of the Tarrant County Medical Examiner's</p> <p>25 Office?</p>	<p style="text-align: right;">Page 181</p> <p>1 additional work.</p> <p>2 Q. Okay. And that can happen because your</p> <p>3 population is growing, correct?</p> <p>4 MR. JANUSH: Objection.</p> <p>5 A. Yeah.</p> <p>6 Q. (BY MR. WAHBY) In fact, it can happen for a</p> <p>7 lot of reasons unrelated to an opioid epidemic, correct?</p> <p>8 A. It could. And --</p> <p>9 Q. And Tarrant --</p> <p>10 A. And at the same time, it -- it could be caused</p> <p>11 by that.</p> <p>12 Q. Right. Well, you can't say one way or the</p> <p>13 other what's causing it, correct? That's fair?</p> <p>14 MR. JANUSH: Objection.</p> <p>15 A. Oh, I think that -- no, I think that you can</p> <p>16 analyze trends, but as far as what's causing some of</p> <p>17 those increases, I could go and ask the Medical Examiner</p> <p>18 to -- to make them go back through their records and</p> <p>19 make a determination of all the deaths that you've</p> <p>20 worked, how many of those had some type of opioid in</p> <p>21 their system and, you know, the level of opioid and --</p> <p>22 and why they may have it in their system.</p> <p>23 You can have opioids in your system and die.</p> <p>24 If you have a legitimate -- a good example, if you have</p> <p>25 a legitimate prescription and you're taking drugs, I</p>

<p style="text-align: right;">Page 182</p> <p>1 mean, the prescription, you have those opioids in your 2 system, but -- and you may die for some reason. You may 3 have a heart attack. 4 Q. (BY MR. WAHBY) Okay. Do you know if the 5 costs to run, maintain and have a Medical Examiner's 6 Office in Tarrant County, do you know if that has gone 7 up or down over the last ten years? 8 A. It's gone up. 9 Q. Okay. Are you prepared today to testify as to 10 why it's gone up? 11 A. To a certain extent, yes. 12 Q. Why do you believe that is? 13 A. Because we have changed the -- the method that 14 we operate our Medical Examiner's Office, that at one 15 time we were contracting with -- with an individual 16 through his PA, and he was providing the doctors and -- 17 and those doctors were not County employees. They were 18 County -- they're employees of his PA, and so they could 19 work -- they could work on other cases not associated, 20 private autopsies, that type of deal. And so that -- 21 that doctor was at the point that -- and we had some 22 issues down at the Medical Examiner's Office. 23 So -- so, actually, it was people like me who 24 said now is a good time to change that model. And so 25 the way we changed that model was -- was we said, okay,</p>	<p style="text-align: right;">Page 184</p> <p>1 A. I know Dr. Peerwani. 2 Q. But he was the issue that you're referring to 3 in the Medical Examiner's Office? 4 A. He was -- he was the chief medical examiner. 5 He had other physicians that were working for him, for 6 his PA, and so -- but I know who Dr. Peerwani is. 7 Q. And that -- his -- the challenges in 8 connection with how he was operating the Medical 9 Examiner's Office, that's what prompted the change? 10 A. He was at a point where that -- Dr. Peerwani 11 was at a point where that he wanted to retire, and we 12 were not going to -- we've had -- at the county level 13 for a large number of years, we have had this discussion 14 if the medical -- chief medical examiner and those 15 physicians should be county employees or can we contract 16 for those? And these were discussions that we had with 17 the Criminal District Attorney's Office. People began 18 to -- or not began, but they questioned can you do that. 19 In legal rulings from our DA's Office, they said yes, 20 you can. But with Dr. Peerwani leaving the County or 21 leaving the ME's Office, we thought this would be a 22 great time to -- to basically change how we are 23 structured at the ME's Office. 24 Q. Are you aware of any allegations relating to 25 his leadership of the Medical Examiner's Office?</p>
<p style="text-align: right;">Page 183</p> <p>1 everybody that works, including the MEs -- and when I 2 say MEs, those are the docs that do -- it's not just the 3 chief ME; it's all the docs that -- that do the -- they 4 all will be -- everyone will be a County employee. 5 And -- and so we also said you cannot do 6 private work, unless it's after hours and things like 7 that and not in our facilities, but you have to maintain 8 that level of autopsies below the mandated named top 9 mark. And so what happened is that we began to hire 10 doctors, and I believe that we have seven or eight -- 11 seven or eight MEs down there now. And because we're 12 not allowing them to do private work, then what happens 13 is that we have to -- you know, we buy that entire doc, 14 and those -- those prices go anywhere from 250 to 15 \$300,000 a doctor. 16 Q. Right. And so to the extent you -- the County 17 has made a change in philosophy on how to staff or 18 manage the Medical Examiner's Office, that's unrelated 19 to the opioid epidemic or the number of cases, 20 population growth, correct? 21 A. Well, the question that you asked is has -- 22 has expenses for the ME's Office increased and why. 23 Q. Right. And -- and so to the extent -- all 24 right. Withdraw the question. 25 And you're referring to Dr. Peerwani?</p>	<p style="text-align: right;">Page 185</p> <p>1 A. Oh, there were allegations. I don't -- I 2 don't know if they were founded allegations. I mean, 3 you know, the whole question -- part of the question 4 delved on he's not a county employee, can you contract 5 for the medical examiner position, or does it have to be 6 a county employee? 7 Q. Okay. Thank you for your answer as to why you 8 believe or why the cost of the Medical Examiner's Office 9 has gone up, and you provided an explanation of 10 basically a staffing decision. You have no evidence or 11 testimony that the cost of the Medical Examiner's Office 12 has gone up as a result of the use of opioids in Tarrant 13 County? 14 MR. JANUSH: Objection, form. 15 Q. (BY MR. WAHBY) Correct? 16 MR. JANUSH: Objection. 17 A. I am not -- I am not personally -- do not know 18 why those costs have gone the way they have except for 19 the staffing issue. I have never -- not to my knowledge 20 was I ever -- ever told that the reason we need, you 21 know, more personnel, more revenue -- more resources is 22 simply to -- to -- you know, because of more opioid 23 deaths coming in. 24 Q. (BY MR. WAHBY) Do you know if -- do you know 25 if Tarrant County has prosecuted people for crimes</p>

<p style="text-align: right;">Page 186</p> <p>1 related to prescription opioid use?</p> <p>2 A. I don't have any information on that.</p> <p>3 Q. Do you know if Tarrant County has investigated</p> <p>4 any pharmacies or pharmacists for crimes related to</p> <p>5 diversion of prescription opioids?</p> <p>6 MR. JANUSH: Objection.</p> <p>7 A. So in my conversations with Chief Bond, we</p> <p>8 have -- we have had comments or intelligence that --</p> <p>9 that that was a problem here, and whenever we have those</p> <p>10 type of reports, we refer them to the DEA because</p> <p>11 they're the primary investigative unit on cases such as</p> <p>12 this. However, we do -- as I think I mentioned earlier</p> <p>13 today, we do use our personnel sometimes as -- as either</p> <p>14 for surveillance and other activities, but it's under</p> <p>15 the guidance of the task force, and DEA is the one who</p> <p>16 works that simply because they have a specialized unit</p> <p>17 that does that.</p> <p>18 Q. (BY MR. WAHBY) So do you have any information</p> <p>19 relating to Tarrant County investigating or prosecuting</p> <p>20 any pharmacies or pharmacists for crimes related to the</p> <p>21 diversion of prescription opioids?</p> <p>22 A. I believe that -- as I said, I believe that</p> <p>23 they were sent back up to the DEA, and those</p> <p>24 prosecutions would be by the US Attorney's Office.</p> <p>25 Q. I guess, are you thinking of something in</p>	<p style="text-align: right;">Page 188</p> <p>1 A. No, I cannot.</p> <p>2 Q. Do you know if Tarrant County has collected</p> <p>3 any data regarding the diversion of prescription</p> <p>4 opioids?</p> <p>5 A. I don't know if they have or not.</p> <p>6 Q. Do you know if Tarrant County has prosecuted</p> <p>7 any doctors for crimes related to prescribing</p> <p>8 prescription opioids?</p> <p>9 A. I don't know that they've prosecuted anyone or</p> <p>10 not.</p> <p>11 Q. What's your under -- what's your expectation</p> <p>12 as to how Tarrant County will seek to redress any issues</p> <p>13 in the county relating to filling prescriptions for</p> <p>14 opioids at pharmacies in Tarrant County?</p> <p>15 MR. JANUSH: Objection. Give me a</p> <p>16 second. I don't really understand this question.</p> <p>17 Do you? Here.</p> <p>18 MR. WAHBY: Is that -- I'm having a hard</p> <p>19 time. Are you saying "objection, form"? Are we just --</p> <p>20 MR. JANUSH: I can't even --</p> <p>21 MR. WAHBY: So, like, it would be</p> <p>22 "objection, form." I can't really tell.</p> <p>23 MR. JANUSH: I -- I'm going to -- this is</p> <p>24 the most unintelligible question of the day, so --</p> <p>25 MR. WAHBY: So -- so what we do when --</p>
<p style="text-align: right;">Page 187</p> <p>1 particular, or do you just -- are you testifying that</p> <p>2 you generally believe that's how it would be done?</p> <p>3 A. I'm talking about the conversations that I had</p> <p>4 with Chief Bond and -- and -- because I asked him that</p> <p>5 question specifically, you know, if you do those type of</p> <p>6 investigations, and he says we do -- whenever we are</p> <p>7 notified of those, that they report -- they -- they hand</p> <p>8 that off to DEA, because -- and I'll go back to it --</p> <p>9 the Controlled Substances Act. That is -- that is the</p> <p>10 purview of DEA since that's a federal act. And, you</p> <p>11 know, the -- the abuses by -- by the manufacturers and</p> <p>12 the doctors and the pharmacies fall well within the</p> <p>13 jurisdictional responsibility of DEA.</p> <p>14 Q. And did you ask Chief Bond about any</p> <p>15 investigation of any Tom Thumb or Albertsons pharmacy or</p> <p>16 pharmacists?</p> <p>17 A. Not specifically -- not specifically of Tom</p> <p>18 Thumb or Albertsons.</p> <p>19 Q. Did you ask him about any --</p> <p>20 A. No.</p> <p>21 Q. -- any pharmacy in particular?</p> <p>22 A. No, I did not.</p> <p>23 Q. So you can't identify a pharmacy or a</p> <p>24 pharmacist who is either -- who was investigated in</p> <p>25 connection with any prescription opioids?</p>	<p style="text-align: right;">Page 189</p> <p>1 in like a lawsuit, like deposition, we say "objection,</p> <p>2 form." Is that what you're saying? So just say it.</p> <p>3 MR. JANUSH: I'm going to say -- you know</p> <p>4 what? Here is the issue. It's objection, form.</p> <p>5 MR. WAHBY: Okay.</p> <p>6 MR. JANUSH: It's objection, beyond the</p> <p>7 scope of this witness.</p> <p>8 MR. WAHBY: Okay.</p> <p>9 MR. JANUSH: You're asking a -- a</p> <p>10 30(b)(6) witness --</p> <p>11 MR. WAHBY: Okay. That's a speaking</p> <p>12 objection now. I'm going to go with the question.</p> <p>13 MR. JANUSH: And I'm going to put it on</p> <p>14 the record because I'm willing to go to the Court on</p> <p>15 this.</p> <p>16 MR. WAHBY: Go to the Court. Get it over</p> <p>17 with.</p> <p>18 MR. JANUSH: You're asking --</p> <p>19 MR. WAHBY: Be quiet so I can ask the</p> <p>20 question.</p> <p>21 MR. JANUSH: Don't be rude and dogmatic.</p> <p>22 MR. WAHBY: Okay.</p> <p>23 MR. JANUSH: Maintain integrity and</p> <p>24 class --</p> <p>25 MR. WAHBY: Okay.</p>

<p style="text-align: right;">Page 190</p> <p>1 MR. JANUSH: -- please.</p> <p>2 MR. WAHBY: "Objection, form" is what you</p> <p>3 say.</p> <p>4 MR. JANUSH: I've been polite to you.</p> <p>5 MR. WAHBY: "Objection, form."</p> <p>6 MR. JANUSH: I've been polite to you.</p> <p>7 Maintain integrity and class.</p> <p>8 MR. WAHBY: I am. I am being patient --</p> <p>9 MR. JANUSH: You're asking --</p> <p>10 MR. WAHBY: All you say is "objection,</p> <p>11 form." That's all you say.</p> <p>12 MR. JANUSH: You're asking a fact</p> <p>13 witness, who is also a 30(b)(6), what his expectation is</p> <p>14 as to how Tarrant County will seek to redress any issues</p> <p>15 in the county relating to filling prescriptions.</p> <p>16 MR. WAHBY: So is it "objection, form"?</p> <p>17 Is that what you're saying?</p> <p>18 MR. JANUSH: It's so far beyond --</p> <p>19 MR. WAHBY: Okay.</p> <p>20 MR. JANUSH: -- "objection, form," I</p> <p>21 don't even know where to begin.</p> <p>22 MR. WAHBY: Great.</p> <p>23 Q. (BY MR. WAHBY) Now my question for you, sir,</p> <p>24 is what -- as the representative for Tarrant County,</p> <p>25 what is your expectation, your hope, for what Tarrant</p>	<p style="text-align: right;">Page 192</p> <p>1 they're not medically necessary and also in the amount</p> <p>2 and the quantity and, I guess, the quality of those --</p> <p>3 those drugs so that they serve the purpose of which</p> <p>4 they're intended to serve. And what I mean by quality</p> <p>5 of the drug, what I'm saying is that it's the -- the</p> <p>6 legal dosage. That's what I mean by that.</p> <p>7 Q. (BY MR. WAHBY) I am going to hand you what's</p> <p>8 been marked as Exhibit 11.</p> <p>9 (Exhibit 11 marked.)</p> <p>10 Q. (BY MR. WAHBY) Exhibit 11 is "Plaintiff</p> <p>11 Tarrant County's Supplemental and Amended Allegations to</p> <p>12 be added to Short Form for Supplementing Complaint and</p> <p>13 Amending Defendants and Jury Demand." Do you see that?</p> <p>14 A. Yes, sir, I do.</p> <p>15 Q. Have you seen this before?</p> <p>16 A. I believe I do have a copy of that in my</p> <p>17 binder.</p> <p>18 Q. Okay. Let me direct your attention to</p> <p>19 paragraph 429.</p> <p>20 A. 429?</p> <p>21 Q. Yes. It's on page 120.</p> <p>22 A. Got it. I have it.</p> <p>23 Q. Do you see there it says, The volume of</p> <p>24 opioids Albertsons brought into and dispensed in the</p> <p>25 county was so high as to raise a red flag that not all</p>
<p style="text-align: right;">Page 191</p> <p>1 County will recover, how will they seek recovery in this</p> <p>2 litigation for the prescription and the fulfillment of</p> <p>3 opioids in Tarrant County?</p> <p>4 MR. JANUSH: Objection. Move to strike.</p> <p>5 A. I don't want to get into an argument between</p> <p>6 you guys, but I really don't quite understand the</p> <p>7 question.</p> <p>8 Q. (BY MR. WAHBY) Okay. Let me try to ask a</p> <p>9 more clear question.</p> <p>10 A. Okay. Thank you.</p> <p>11 Q. Do you have a -- do you have any -- what do</p> <p>12 you hope comes out of this lawsuit for Tarrant County as</p> <p>13 it relates to solving the opioid crisis in Tarrant</p> <p>14 County?</p> <p>15 MR. JANUSH: Objection, form.</p> <p>16 A. Well, I hope that one thing that comes out of</p> <p>17 this is that the pharmacies will be much more diligent</p> <p>18 in the dispersement of -- of licit opioids, that -- that</p> <p>19 they hold true to what the Controlled Substance Act</p> <p>20 requires them to do; even if they don't issue a</p> <p>21 prescription because of some concern that they have,</p> <p>22 that they report this to the DEA; and that those</p> <p>23 policies and procedures were tightened up so we can --</p> <p>24 we can decrease substantially the amount of opioids that</p> <p>25 are -- that are being prescribed and -- and whenever</p>	<p style="text-align: right;">Page 193</p> <p>1 the prescriptions being ordered could not be for</p> <p>2 legitimate medical uses. Do you see that?</p> <p>3 A. I see that.</p> <p>4 Q. Okay. Do you have any facts to support that</p> <p>5 statement?</p> <p>6 MR. JANUSH: Objection.</p> <p>7 A. I personally do not.</p> <p>8 Q. (BY MR. WAHBY) Okay. On the next page, at</p> <p>9 paragraph 433 --</p> <p>10 A. Yes.</p> <p>11 Q. -- it says -- the second sentence there says,</p> <p>12 Upon information and belief, these drugs were diverted</p> <p>13 from these other states to Texas. Upon information and</p> <p>14 belief, Albertsons failed to take meaningful action to</p> <p>15 stop this diversion despite its knowledge of it, and it</p> <p>16 contributed substantially to the opioid epidemic in the</p> <p>17 County and in Texas. Do you see that?</p> <p>18 A. Yes, I do see that.</p> <p>19 Q. Do you have any facts to support that</p> <p>20 allegation?</p> <p>21 MR. JANUSH: Objection.</p> <p>22 A. No, I do not.</p> <p>23 Q. (BY MR. WAHBY) Okay. The next paragraph,</p> <p>24 434, it says, In the county -- referring to Tarrant</p> <p>25 County -- Albertsons violated the standard of care for a</p>

<p style="text-align: right;">Page 194</p> <p>1 distributor and dispenser by failing to control the 2 supply chain, prevent diversion, report suspicious 3 orders and halt shipments of opioids in quantities it 4 knew or should have known could not be justified and 5 signaled potential diversion. Do you see that? 6 A. Yes, I do. 7 Q. Do you have any facts to support that 8 paragraph? 9 MR. JANUSH: Objection. 10 A. No, I do not. 11 Q. (BY MR. WAHBY) Okay. On paragraph 436 it 12 says, Given the volume and pattern of opioids 13 distributed in Texas and in the County, Albertsons was 14 or should have been aware that opioids were being over 15 supplied into the state and should have detected, 16 reported and rejected suspicious orders. Do you have 17 any facts to support those allegations? 18 MR. JANUSH: Objection. 19 A. No, I do not. 20 Q. (BY MR. WAHBY) 438 says, Given Albertsons's 21 retail pharmacy operations, in addition to its role as a 22 whole sale distributor, Albertsons knew or reasonably 23 should have known that the disproportionate flow of 24 opioids into Texas and the County, and the operation of 25 pill mills that generated opioid prescriptions that, by</p>	<p style="text-align: right;">Page 196</p> <p>1 known for their abuse potential, such as oxycodone and 2 Xanax; (3) individuals arriving together with identical 3 or nearly identical prescriptions; (4) high percentage 4 of cash purchases; and (5) doctors prescribing outside 5 the scope of their usual practice or geographic region. 6 However, Albertsons ignored these obvious red flags. Do 7 you see that? 8 MR. JANUSH: Objection. 9 A. Yes, I do. 10 Q. (BY MR. WAHBY) Okay. Do you have any facts 11 to support those allegations? 12 MR. JANUSH: Objection. 13 A. No, I do not. 14 Q. (BY MR. WAHBY) If you would review paragraphs 15 444 to 453 relating to Albertsons and its affiliates, do 16 you have any facts or evidence to support any of those 17 allegations? 18 A. I'll need to read them first. 19 Okay. That was through 453? 20 Q. Yes, sir. Do you have any facts to support 21 any of the allegations from paragraph 444 to 453? 22 A. No, I do not. 23 Q. Is Tarrant County aware of who the major 24 manufacturers are or were of prescription opioids? 25 MR. JANUSH: Objection.</p>
<p style="text-align: right;">Page 195</p> <p>1 their quality or nature, were red flags for, if not 2 direct evidence of, diversion. Do you see that? 3 A. Yes, I do. 4 MR. JANUSH: Objection. 5 Q. (BY MR. WAHBY) Okay. Do you have any 6 evidence in support of those allegations? 7 MR. JANUSH: Objection. 8 A. No, I do not. 9 Q. (BY MR. WAHBY) On the next page at paragraph 10 441 it says, As a dispenser of prescription opioids, 11 Albertsons had visibility into dispensing-level data at 12 all of its pharmacies, and Albertsons knew or should 13 have known that it was dispensing an excessive volume of 14 pills in Texas and around the country. Do you see that? 15 A. "Around the County"? 16 Q. I'm sorry, around the County. 17 A. Yes, I do see that. 18 Q. Do you have any evidence or facts to support 19 that allegation? 20 A. No, I do not. 21 Q. Okay. 442, Upon information and belief, 22 Albertsons, by virtue of the dispensing data available 23 to it, had actual knowledge of indicia of diversion, 24 such as (1) individuals traveling long distances to fill 25 prescriptions; (2) prescriptions for drug "cocktails"</p>	<p style="text-align: right;">Page 197</p> <p>1 A. I don't know if they were or not. I mean, I 2 know that -- that we were aware of some of the Big 3 Pharma. I don't know we were aware of all of the Big 4 Pharma. And I was never involved in that particular 5 aspect of -- of what the County knew or did not know. 6 Q. (BY MR. WAHBY) Did -- 7 MR. JANUSH: I'll just stipulate for the 8 record that Tarrant County in the previous iteration of 9 this same lawsuit sued those manufacturers and already 10 settled with those manufacturers. I don't know if you 11 know the history, that this is now only the pharmacy 12 track, but they absolutely knew who they were. They got 13 paid. 14 Q. (BY MR. WAHBY) Are you aware of the fifth 15 vital sign? 16 A. I'm sorry? 17 Q. Are you aware of the fifth vital sign? 18 A. The fifth vital sign? 19 MR. JANUSH: Objection. 20 A. The fifth vital sign is the measurement of 21 pain. 22 Q. (BY MR. WAHBY) And where did you hear that 23 term? 24 A. It's in one of these documents. 25 Q. Were you familiar with it before preparing for</p>

<p style="text-align: right;">Page 198</p> <p>1 your deposition?</p> <p>2 A. No, I was not.</p> <p>3 Q. Does Tarrant County believe that doctors</p> <p>4 overprescribed opioid prescriptions at any point?</p> <p>5 MR. JANUSH: Objection.</p> <p>6 A. If you're asking me about specific doctors as</p> <p>7 far as naming those doctors, I don't have any names of</p> <p>8 doctors if that's -- that's what your point is.</p> <p>9 Q. (BY MR. WAHBY) No, my question is does</p> <p>10 Tarrant County believe that doctors overprescribed</p> <p>11 opioid prescription -- opioids at any point?</p> <p>12 MR. JANUSH: Objection.</p> <p>13 I'm going to pause now and ask a question and</p> <p>14 make an objection. You're asking does Tarrant County</p> <p>15 believe, but you've concluded the fact -- the 30(b)(6)</p> <p>16 portion of the topics. Now you're into the fact topics.</p> <p>17 You've moved on --</p> <p>18 MR. WAHBY: No, I -- I -- that's not</p> <p>19 how --</p> <p>20 MR. JANUSH: So what topic is this? What</p> <p>21 topic in the 30(b)(6) gets you to this question about</p> <p>22 Tarrant County and what Tarrant County believes?</p> <p>23 MR. WAHBY: Okay. Well, I can ask him in</p> <p>24 his personal --</p> <p>25 MR. JANUSH: No.</p>	<p style="text-align: right;">Page 200</p> <p>1 A. It's that overprescribing is whenever -- in my</p> <p>2 opinion, what overprescribing means is that -- that</p> <p>3 medicine or opioids have been prescribed and they have</p> <p>4 surpassed their -- their purpose for use of those drugs,</p> <p>5 and there are still prescriptions available to -- to</p> <p>6 obtain the drugs.</p> <p>7 Q. Is it -- is it Tarrant County's contention</p> <p>8 that Albertsons should refuse to fill a legitimate</p> <p>9 prescription?</p> <p>10 A. No.</p> <p>11 Q. Does Tarrant County have a belief as to</p> <p>12 whether Albertsons or its affiliates caused and</p> <p>13 oversupply in Tarrant County?</p> <p>14 A. So I want to go back and -- and comment on</p> <p>15 that last question, if I might.</p> <p>16 Q. Can you answer the question I just asked you?</p> <p>17 A. Yes, if you don't mind repeating it.</p> <p>18 Q. I don't.</p> <p>19 Does Tarrant County have a belief as to</p> <p>20 whether Albertsons or its affiliates caused an</p> <p>21 oversupply of opioids in Tarrant County?</p> <p>22 MR. JANUSH: Objection.</p> <p>23 A. I don't have an answer to that question.</p> <p>24 Q. (BY MR. WAHBY) Okay.</p> <p>25 A. I would like to go back to the previous</p>
<p style="text-align: right;">Page 199</p> <p>1 MR. WAHBY: I can ask for his personal</p> <p>2 knowledge based on his 35 years.</p> <p>3 MR. JANUSH: That's a different question.</p> <p>4 MR. WAHBY: Okay.</p> <p>5 MR. JANUSH: That's not objectionable.</p> <p>6 That's a different question.</p> <p>7 Q. (BY MR. WAHBY) In your role as the county</p> <p>8 administrator for 35 years, do you believe that doctors</p> <p>9 overprescribed opioids?</p> <p>10 A. Are you asking for my personal belief?</p> <p>11 Q. Yes.</p> <p>12 A. I believe that there's been overprescription</p> <p>13 of opioid drugs in Tarrant County.</p> <p>14 Q. Okay. And does Tarrant County believe that</p> <p>15 doctors have overprescribed opioids in Tarrant County?</p> <p>16 A. So are you asking if Tarrant County</p> <p>17 believes --</p> <p>18 Q. Yes.</p> <p>19 A. -- or if I believe personally?</p> <p>20 Q. Yes, Tarrant County.</p> <p>21 A. I don't know the answer to that question.</p> <p>22 Q. Okay. Does Tarrant County have an</p> <p>23 understanding of what it would mean to overprescribe?</p> <p>24 A. Yes.</p> <p>25 Q. And what is that understanding?</p>	<p style="text-align: right;">Page 201</p> <p>1 question, if you would ask that -- that question again</p> <p>2 to me.</p> <p>3 Q. The one that related to doctors?</p> <p>4 A. The one should -- should a pharmacy fill a</p> <p>5 prescription --</p> <p>6 Q. Okay.</p> <p>7 A. -- that's written by a doctor.</p> <p>8 Q. Okay. Do you want me to reask the question?</p> <p>9 A. Please.</p> <p>10 Q. Okay. Is it Tarrant County's contention that</p> <p>11 Albertsons should refuse to fill a legitimate</p> <p>12 prescription? Your answer was no.</p> <p>13 A. Okay. So I want to correct that.</p> <p>14 If, in fact -- if, in fact, a prescription is</p> <p>15 written and there may be multiple prescriptions that are</p> <p>16 written by different doctors, then I believe that</p> <p>17 Albertsons has a responsibility not to do that because</p> <p>18 it is an overprescription and -- because you're filling</p> <p>19 two scripts; and that with the Controlled Substance Act,</p> <p>20 they have a responsibility of reporting that to the DEA.</p> <p>21 Q. And you're not aware of that ever happening,</p> <p>22 correct?</p> <p>23 A. Not to my knowledge.</p> <p>24 Q. Are you familiar with the term "red flag" in</p> <p>25 the context of a prescription for opioids?</p>

<p style="text-align: right;">Page 202</p> <p>1 A. Yes. To a certain extent, yes.</p> <p>2 Q. Okay. What is that -- what's your</p> <p>3 understanding of that term?</p> <p>4 A. So what my understanding is as it relates to</p> <p>5 pharmacies, that if there is a situation where a person</p> <p>6 comes in or maybe several people come in and -- let's</p> <p>7 use one person, and they have prescriptions from several</p> <p>8 different doctors that -- that require the filling of</p> <p>9 the same medication and they have -- then a red flag</p> <p>10 then is that there is a reason to believe that the</p> <p>11 pharmacy -- the pharmacist should question if he or she</p> <p>12 should actually fill that prescription. And it's my</p> <p>13 understanding they have an obligation, even if they</p> <p>14 don't fill the prescription or if they do fill the</p> <p>15 prescription, they have an obligation to notify the DEA.</p> <p>16 It could be other issues also, such as, you</p> <p>17 know, the -- you may have two or three people walk in</p> <p>18 that -- that have the same prescription written from</p> <p>19 the same script pad, similar handwriting. Anything</p> <p>20 that would make a pharmacist question the legitimacy of</p> <p>21 the -- of filling that prescription, that to me is a red</p> <p>22 flag, and that red flag is an issue where they have an</p> <p>23 obligation to report that to the DEA.</p> <p>24 Q. If you -- if Tarrant County doesn't know if</p> <p>25 Albertsons and its affiliates contributed to an</p>	<p style="text-align: right;">Page 204</p> <p>1 MR. WAHBY: I'm not asking an attorney</p> <p>2 question at all. If you --</p> <p>3 MR. JANUSH: He already told you earlier</p> <p>4 in the day that he did not --</p> <p>5 MR. WAHBY: All you have to do is say</p> <p>6 "objection, form" --</p> <p>7 MR. JANUSH: -- play a role in the</p> <p>8 litigation.</p> <p>9 MR. WAHBY: -- and what you want to do is</p> <p>10 preserved.</p> <p>11 THE REPORTER: Excuse me.</p> <p>12 MR. WAHBY: So why you're doing this is a</p> <p>13 total mystery. Let him answer the question, and then</p> <p>14 you can take it up afterwards if you think this is so</p> <p>15 out of bounds. That's how this works, as you very well</p> <p>16 know.</p> <p>17 MR. JANUSH: And I may.</p> <p>18 Q. (BY MR. WAHBY) Go ahead.</p> <p>19 A. Please ask the question again.</p> <p>20 Q. If Tarrant County doesn't know if Albertsons</p> <p>21 and its affiliates contributed to an oversupply of</p> <p>22 prescriptions -- prescription of opioids in Tarrant</p> <p>23 County, then why did you sue Albertsons and its</p> <p>24 affiliates?</p> <p>25 A. So the fact that I may not know that may not</p>
<p style="text-align: right;">Page 203</p> <p>1 oversupply of prescriptions in Tarrant County, then why</p> <p>2 did you sue Albertsons and its affiliates?</p> <p>3 MR. JANUSH: Objection.</p> <p>4 A. So --</p> <p>5 MR. JANUSH: The witness already -- I'm</p> <p>6 going to say this. The witness already testified that</p> <p>7 he didn't play a role in suing.</p> <p>8 MR. WAHBY: You're violating the rules.</p> <p>9 MR. JANUSH: You're asking a question of</p> <p>10 why a witness --</p> <p>11 MR. WAHBY: You're violating the rules</p> <p>12 right now. How is that okay with you?</p> <p>13 MR. JANUSH: What you have done is so</p> <p>14 inappropriate.</p> <p>15 MR. WAHBY: You are violating the rules.</p> <p>16 The rules for this proceeding are very clear, and you</p> <p>17 just don't care because you're so passionate about what</p> <p>18 you want to say right now. It is so simple. We all</p> <p>19 agreed to a set of rules. Adhere to that.</p> <p>20 MR. JANUSH: We also agreed to a witness</p> <p>21 deposition that was within the scope, and what you're</p> <p>22 asking is attorney questions.</p> <p>23 MR. WAHBY: What I am asking him -- I am</p> <p>24 not asking attorney questions.</p> <p>25 MR. JANUSH: You absolutely are.</p>	<p style="text-align: right;">Page 205</p> <p>1 mean that the County doesn't know that because --</p> <p>2 because the County has been involved in this lawsuit.</p> <p>3 There's been investigations by external parties with our</p> <p>4 attorneys and activities like that. If you're asking me</p> <p>5 if -- if I don't know if they -- if Albertsons violated</p> <p>6 the law or violated the Controlled Substance Act, why</p> <p>7 are we suing, I don't know if Albertsons has violated</p> <p>8 the Controlled Substances Act or not.</p> <p>9 Q. Okay. And so is it your testimony that</p> <p>10 somebody else decided to sue Albertsons, and so you</p> <p>11 can't answer the question?</p> <p>12 A. No, the -- the people that made the decision</p> <p>13 to sue Albertsons is the Commissioners Court.</p> <p>14 Q. Okay. And on behalf of Tarrant County, you</p> <p>15 can't articulate today why they sued Albertsons if</p> <p>16 Tarrant County doesn't know if Albertsons contributed to</p> <p>17 an oversupply of prescription opioids in Tarrant County?</p> <p>18 MR. JANUSH: Objection.</p> <p>19 Q. (BY MR. WAHBY) Is that correct?</p> <p>20 MR. JANUSH: Objection. Move to strike.</p> <p>21 A. So if you ask me if I know if Albertsons</p> <p>22 has -- has overprescribed, I don't know the answer to</p> <p>23 that. I have no knowledge of that.</p> <p>24 If the County as a whole going through this</p> <p>25 process has had conversations and believes that -- that</p>

<p style="text-align: right;">Page 206</p> <p>1 Albertsons played a part in that -- and I don't know if 2 they do or not, but I know that the Commissioners Court 3 made its decision after -- and here we go into closed 4 session issues again, and so I don't know how much -- I 5 don't want to talk about anything that happened in 6 closed session. But upon their deliberation, they 7 believe that -- that Tarrant County is a legitimate 8 partner in this lawsuit.</p> <p>9 And please understand when we talk about 10 closed session, we're talking about attorney/client 11 privilege in closed session.</p> <p>12 THE WITNESS: If we are getting close to 13 a point that -- I may need five minutes.</p> <p>14 MR. WAHBY: Okay. That's fine. We can 15 go off the record. You want five minutes right now?</p> <p>16 THE WITNESS: Yes, if that's okay with 17 you.</p> <p>18 MR. WAHBY: Okay. That's fine. We can 19 go off the record.</p> <p>20 THE VIDEOGRAPHER: We're off the record 21 at 4:35 p.m.</p> <p>22 (Break from 4:35 p.m. to 4:50 p.m.)</p> <p>23 THE VIDEOGRAPHER: We are back on the 24 record at 4:50 p.m.</p> <p>25 Q. (BY MR. WAHBY) Mr. Maenius, you're still</p>	<p style="text-align: right;">Page 208</p> <p>1 correct?</p> <p>2 A. That's correct.</p> <p>3 Q. But it originates on the second page with an 4 exchange between Micky M. Moerbe and Talmage Holmes 5 dated March 29, 2018, correct?</p> <p>6 A. That's correct.</p> <p>7 Q. Do you know Micky Moerbe?</p> <p>8 A. I know who she is. I don't know her 9 personally.</p> <p>10 Q. Okay. Her signature block says she's a 11 biostatistician in the Division of Epidemiology & Health 12 Information at the Tarrant County Public Health Office, 13 correct?</p> <p>14 A. Yes.</p> <p>15 Q. And she is providing what she has called in 16 her email, results from the data we received from 17 Medical Examiner's Office are presented on pages 2 and 18 3, correct?</p> <p>19 A. Where are you looking?</p> <p>20 Q. I'm on the back of this front page. Let's get 21 that stapled together or something so it's -- so it 22 stays in order, that Exhibit 12. If you hand me Exhibit 23 12, let's just put that back together. It will just be 24 easier for you if we don't these lose pages flying 25 around. Okay.</p>
<p style="text-align: right;">Page 207</p> <p>1 under oath just as you were before.</p> <p>2 A. Yes, sir.</p> <p>3 Q. Did you confer over your testimony during the 4 break?</p> <p>5 A. I'm sorry?</p> <p>6 Q. Did you confer over your testimony or any 7 documents over the break?</p> <p>8 A. No.</p> <p>9 Q. Can we go into your binder, sir, and grab tab 10 24? And then we'll mark that as Exhibit 12, if you 11 would hand it to me.</p> <p>12 (Exhibit 12 marked.)</p> <p>13 Q. (BY MR. WAHBY) Okay. I am going to hand you 14 what's been marked as Exhibit 12, and that's Bates 15 labeled Tarrant 00343779 -- well, it looks like only the 16 first page is Bates labeled. Well, no, to Tarrant 17 00343781, and then -- and then there's nine pages that 18 are attached, pages -- pages 1 to 9. That's the way 19 your copy of Exhibit 12 appears, correct?</p> <p>20 A. Yes.</p> <p>21 Q. Now had you seen Exhibit 12 prior to your 22 preparation for today?</p> <p>23 A. Not to my knowledge.</p> <p>24 Q. Okay. And it appears to be an email exchange 25 involving Vinny Taneja and Alma Espinoza at the top,</p>	<p style="text-align: right;">Page 209</p> <p>1 A. Thank you.</p> <p>2 Q. Yes, sir.</p> <p>3 Yeah, so on the second page ending 80 --</p> <p>4 A. Yes.</p> <p>5 Q. That appears to be the original transmittal 6 email from Ms. Moerbe, and she says she's attaching, 7 quote, "Results from the data we received from Medical 8 Examiner's Office are presented on pages 2 and 3," 9 correct?</p> <p>10 A. Let me see if I can find that.</p> <p>11 Q. It's right there in the first -- the top 12 paragraph.</p> <p>13 A. Okay. Yes, I see it.</p> <p>14 Q. She sent it to Talmage Holmes, and then 15 Talmage Holmes appears to forward it to Vinny Taneja, 16 correct?</p> <p>17 A. Yes.</p> <p>18 Q. And Talmage Holmes says, Attached is the TC 19 Opioid report from Micky along with her explanation 20 regarding pending data. Is that correct?</p> <p>21 A. Correct.</p> <p>22 Q. And who is Vinny Taneja?</p> <p>23 A. Vinny Taneja was the Director of Public 24 Health.</p> <p>25 Q. Okay. And Exhibit -- Exhibit 12 attaches a</p>

<p style="text-align: right;">Page 210</p> <p>1 report on "Opioids in Tarrant County"?</p> <p>2 A. Yes.</p> <p>3 Q. That's nine pages, correct?</p> <p>4 A. Yes. Yes, it is.</p> <p>5 Q. Now on the first page of that attachment, page</p> <p>6 number one, the third bullet point, it says, The</p> <p>7 mortality rate for Tarrant County was the lowest among</p> <p>8 the five most populous counties in Texas and was</p> <p>9 significantly lower than the opioid-related mortality</p> <p>10 rate of Travis County, correct?</p> <p>11 A. That's correct.</p> <p>12 Q. So in your mind, would that indicate to</p> <p>13 Tarrant County that the opioid-related deaths were --</p> <p>14 were better in Tarrant County or less impactful than</p> <p>15 these other parts of the state?</p> <p>16 A. According to this information, it was -- it</p> <p>17 was the -- it was lower than the five major counties.</p> <p>18 Q. Okay.</p> <p>19 A. I'm sorry, the four other major counties.</p> <p>20 (Exhibit 13 marked.)</p> <p>21 Q. (BY MR. WAHBY) Handing you what's been marked</p> <p>22 as Exhibit 13. We can put Exhibit 12 away. You can put</p> <p>23 it right there. I'm going to hand you what's been</p> <p>24 marked as Exhibit 13. Are you familiar with Exhibit 13?</p> <p>25 A. I don't immediately recognize it.</p>	<p style="text-align: right;">Page 212</p> <p>1 and also the Sheriff's Department, to be members of</p> <p>2 HIDTA. We approved certain contracts, I believe, with</p> <p>3 HIDTA, but just as a reimbursement contract as it</p> <p>4 related to maybe overtime.</p> <p>5 Q. Okay. And if you look in the second to the</p> <p>6 bottom paragraph --</p> <p>7 A. Okay.</p> <p>8 Q. -- in the second to last sentence it says,</p> <p>9 Current intelligence suggests the source locations for</p> <p>10 the diverted and clandestinely produced fentanyl are</p> <p>11 primarily China-based chemical suppliers and clandestine</p> <p>12 laboratories in Mexico, correct?</p> <p>13 A. I see this.</p> <p>14 Q. Right. That's not coming from pharmacies and</p> <p>15 grocery stores in Tarrant County, right?</p> <p>16 A. That's what this report says.</p> <p>17 Q. Now if you go to the last page --</p> <p>18 A. Yes.</p> <p>19 Q. -- in the box it says, This document is a</p> <p>20 joint intelligence bulletin produced by Texoma High</p> <p>21 Intensity Drug Trafficking Area Regional Intelligence</p> <p>22 Support Group and DEA Dallas Field Division Intelligence</p> <p>23 Program, correct?</p> <p>24 A. Yes, it does.</p> <p>25 Q. So is it your understanding that drug</p>
<p style="text-align: right;">Page 211</p> <p>1 Q. Okay. Because earlier in your testimony, you</p> <p>2 had referred to HIDTA reports.</p> <p>3 A. Yes.</p> <p>4 Q. Do you recall that?</p> <p>5 A. Yes, I do.</p> <p>6 Q. And is -- Exhibit 13 is an Intelligence</p> <p>7 Bulletin from Texoma HIDTA Regional Intelligence Support</p> <p>8 Center, correct?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. So you don't recognize this as a</p> <p>11 document that you reviewed in connection with --</p> <p>12 A. So I may need to go back into my documents to</p> <p>13 see if that was one of those that I -- I looked at.</p> <p>14 Offhand I don't know, but I'll be more than happy to go</p> <p>15 ahead and look through those.</p> <p>16 Q. Well, let's get through this exhibit and</p> <p>17 then --</p> <p>18 A. Okay.</p> <p>19 Q. -- we can go from there.</p> <p>20 Now you're familiar with HIDTA, correct?</p> <p>21 A. Yes, I am.</p> <p>22 Q. And in your role as the county administrator,</p> <p>23 did you interface with HIDTA?</p> <p>24 A. Only to the extent that we provided funding</p> <p>25 for our officers, both in the District Attorney's Office</p>	<p style="text-align: right;">Page 213</p> <p>1 enforcement, as you've referred to it, is primarily in</p> <p>2 this area a federal responsibility, not the</p> <p>3 responsibility of Tarrant County?</p> <p>4 A. You said drug enforcement?</p> <p>5 Q. Correct.</p> <p>6 A. No, I did not say that.</p> <p>7 Q. Okay. So how would you describe the</p> <p>8 difference between the County responsibility versus the</p> <p>9 federal responsibility?</p> <p>10 A. Well, county and state, they enforce state</p> <p>11 laws, and the federal agencies enforce federal laws.</p> <p>12 Q. And you agree that in connection with the</p> <p>13 diversion or misuse of prescription opioids, that's</p> <p>14 primarily the responsibility of the federal government</p> <p>15 to investigate and regulate?</p> <p>16 A. What -- what I had mentioned previously was</p> <p>17 that whenever we come upon a case that involves</p> <p>18 potential illegal activity at -- either at the doctor</p> <p>19 level, the medical doctor level, the prescriber level or</p> <p>20 at the dispensing level, which is the pharmacies, that</p> <p>21 at least our -- our task forces tend to hand those cases</p> <p>22 over to DEA because they have a specialized unit within</p> <p>23 DEA that works that type of offense.</p> <p>24 Q. Once those cases are handed over to the DEA,</p> <p>25 does the involvement of the County stop?</p>

<p style="text-align: right;">Page 214</p> <p>1 A. No, it does not, not necessarily.</p> <p>2 Q. It just depends on the case?</p> <p>3 A. It depends on the case and the need for</p> <p>4 manpower to do continued investigations. For example,</p> <p>5 you may -- you may work surveillance. We may be working</p> <p>6 surveillance to see who comes and goes from some of the</p> <p>7 pharmacies. In some instances, I've been told that --</p> <p>8 that if there's a necessity to go in and do a buy,</p> <p>9 basically, that in some instances our -- our enforcement</p> <p>10 personnel are used in that capacity, but normally it's</p> <p>11 under the direction of the DEA.</p> <p>12 (Exhibit 14 marked.)</p> <p>13 Q. (BY MR. WAHBY) I am going to hand you -- you</p> <p>14 can put that aside. I am going to hand you what's been</p> <p>15 marked as Maenius 14. Do you recognize Exhibit 14?</p> <p>16 A. I don't -- I can't recall. I'll have to go</p> <p>17 back and look to see if that's part of the documents</p> <p>18 that I have in my binder, so.</p> <p>19 Q. Okay. At the top it says, For TCPH Internal</p> <p>20 Use Only, Not for External Distribution. That's the</p> <p>21 Tarrant County Public Health?</p> <p>22 A. That's correct.</p> <p>23 Q. Okay. And the document is titled "Data Brief</p> <p>24 Talking Points, Overdose Deaths," correct?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 216</p> <p>1 data?</p> <p>2 MR. JANUSH: I have a question just to</p> <p>3 perfect the record. Is this the full document, or it --</p> <p>4 the document references pictures on page 1 at paragraph</p> <p>5 3, the second bullet in black, so I just want to make</p> <p>6 sure this isn't a piecemeal portion of the document.</p> <p>7 MS. STEWART: I will have to check, and</p> <p>8 I'll have to pull it up.</p> <p>9 MR. WAHBY: Okay.</p> <p>10 MS. STEWART: I will look right now.</p> <p>11 Q. (BY MR. WAHBY) Do you have an understanding</p> <p>12 as to what Tarrant County does with this data that's</p> <p>13 referenced at Exhibit 14?</p> <p>14 A. So one of the responsibilities of the Tarrant</p> <p>15 County Public Health Department is epidemiology, and</p> <p>16 epidemiology deals in an area where it's the detection</p> <p>17 of diseases or even the outbreak of diseases, so a lot</p> <p>18 of their activities deal with statistical analysis. And</p> <p>19 while I'm making somewhat of an assumption, I'm assuming</p> <p>20 that this is part of their efforts as it relates to, you</p> <p>21 know, examining overdose deaths, overdose deaths in</p> <p>22 Tarrant County.</p> <p>23 MR. JANUSH: And I'm going to object to</p> <p>24 questioning on a document that's missing multiple pages,</p> <p>25 including the parent email that this was attached to and</p>
<p style="text-align: right;">Page 215</p> <p>1 Q. And then based on this document produced by</p> <p>2 Tarrant County, it says in the first bullet point under</p> <p>3 number 1, that Tarrant County had the lowest overdose</p> <p>4 mortality rate, and it was significantly lower than the</p> <p>5 US and Bexar, Dallas and Travis Counties, correct?</p> <p>6 A. That's what it says, yes.</p> <p>7 Q. In point 3, it says that among Tarrant County</p> <p>8 overdose -- overdose deaths from '13 to '17, 23 percent</p> <p>9 involved heroin and 20 percent involved psychostimulants</p> <p>10 with abuse potential, correct?</p> <p>11 MR. JANUSH: Objection.</p> <p>12 Q. (BY MR. WAHBY) Is that right?</p> <p>13 A. That's what the document says.</p> <p>14 Q. Okay. And neither of those categories, heroin</p> <p>15 or psychostimulants with abuse potential, are the type</p> <p>16 of narcotics secured from a pharmacy pursuant to</p> <p>17 prescription, correct?</p> <p>18 A. I'll --</p> <p>19 MR. JANUSH: Objection.</p> <p>20 A. I'll need to -- I'll need to ask what</p> <p>21 psychostimulants, what type of drugs we're talking</p> <p>22 about. I don't have a clear understanding of that</p> <p>23 particular term.</p> <p>24 Q. (BY MR. WAHBY) Okay. Do you have an</p> <p>25 understanding of what Tarrant County does with this</p>	<p style="text-align: right;">Page 217</p> <p>1 the chart that is referenced in the document where it</p> <p>2 says pictures on page 1. Giving the witness an</p> <p>3 incomplete document is a problem.</p> <p>4 MS. STEWART: To clarify, are you</p> <p>5 objecting that all entire families have to be -- you</p> <p>6 have to include an entire family?</p> <p>7 MR. JANUSH: You are supposed to include</p> <p>8 the parent email that gives context to the document.</p> <p>9 MS. STEWART: It is yes or no.</p> <p>10 MR. JANUSH: I am giving you an answer.</p> <p>11 You are supposed to include the parent email,</p> <p>12 and you are supposed to include the totality of a</p> <p>13 document when you question a witness, not just the</p> <p>14 portion you want to question the witness on.</p> <p>15 I move to strike all questions concerning</p> <p>16 Exhibit 14 on this basis.</p> <p>17 (Exhibit 15 marked.)</p> <p>18 Q. (BY MR. WAHBY) I'm handing you what's been</p> <p>19 marked Exhibit 15. Exhibit 15 is an email exchange</p> <p>20 beginning with David Grantham to Calvin Bond dated March</p> <p>21 27, 2019, correct?</p> <p>22 And then Mr. Bond or Deputy Chief Bond</p> <p>23 responds to Mr. Grantham, correct?</p> <p>24 A. Yes.</p> <p>25 Q. Now who is David Grantham? Actually, strike</p>

<p style="text-align: right;">Page 218</p> <p>1 that.</p> <p>2 David Grantham, it says in the signature</p> <p>3 block, is the Director of Intelligence for Tarrant</p> <p>4 County Sheriff's Office, correct?</p> <p>5 A. I don't know if he's still in that position,</p> <p>6 but he was.</p> <p>7 Q. Okay. And did you work with him when he</p> <p>8 was -- Dr. Grantham when he was in that position?</p> <p>9 A. I met him one time just as an introductory</p> <p>10 meeting, but no -- no not substantive meetings.</p> <p>11 Q. And he's providing to Chief Bond information</p> <p>12 relating to narcotic trends in Tarrant County, correct?</p> <p>13 A. So did you have a question?</p> <p>14 Q. I did. I was confirming it's your</p> <p>15 understanding he's providing to Chief Bond information</p> <p>16 relating to the narcotic trends in Tarrant County at</p> <p>17 this time, correct?</p> <p>18 A. That's what this document suggests, yes.</p> <p>19 Q. And based on the information provided by</p> <p>20 Dr. Grantham, he makes three conclusions there on the</p> <p>21 last page of that exhibit, and they are: cocaine is</p> <p>22 making a come back in Tarrant County, heroin may be</p> <p>23 arguably the most widespread, and fentanyl remains the</p> <p>24 deadliness of the narcotics. I've summarized his three</p> <p>25 main points there, correct?</p>	<p style="text-align: right;">Page 220</p> <p>1 Challenge of Tarrant County?</p> <p>2 A. Yeah, they're a non -- nongovernmental</p> <p>3 organization. They're nonprofit.</p> <p>4 Q. Okay. So Challenge of Tarrant County is a</p> <p>5 local nongovernmental organization that's dedicated to</p> <p>6 confronting substance abuse, correct?</p> <p>7 A. Uh-huh.</p> <p>8 Q. They're not only focused on confronting</p> <p>9 opioids, right?</p> <p>10 A. Sorry, ask that question again.</p> <p>11 Q. They're not only focused on dealing with</p> <p>12 opioids; they're attempting to address all challenges</p> <p>13 relating to a wide range of substance abuse?</p> <p>14 A. That's correct.</p> <p>15 Q. This is a letter sent to you by Ms. Jennifer</p> <p>16 Gilley, the executive director, dated November 15, 2021,</p> <p>17 right?</p> <p>18 A. Yes.</p> <p>19 Q. And she says that on behalf of the board of</p> <p>20 directors, we're very grateful for the financial support</p> <p>21 of Tarrant County, right?</p> <p>22 A. Right.</p> <p>23 Q. And -- and that's because Tarrant County has a</p> <p>24 role in helping fund Challenge of Tarrant County?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 219</p> <p>1 A. That's correct.</p> <p>2 Q. As of March 27, 2019, he doesn't make any</p> <p>3 mention of prescription opioids, correct?</p> <p>4 MR. JANUSH: Objection.</p> <p>5 A. Not in this document.</p> <p>6 Q. (BY MR. WAHBY) On the second page of that</p> <p>7 exhibit, he's referring to the role of Mexican cartels</p> <p>8 moving makers and infiltrating Tarrant County as a</p> <p>9 development, correct?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. He makes no reference here to</p> <p>12 pharmacies in Tarrant County having a role, correct?</p> <p>13 MR. JANUSH: Objection.</p> <p>14 A. Not -- not in this document.</p> <p>15 (Exhibit 16 marked.)</p> <p>16 Q. (BY MR. WAHBY) Okay. Handing you what's been</p> <p>17 marked as Exhibit 16. Now you've made a number of</p> <p>18 allusions earlier in your testimony to Challenge of</p> <p>19 Tarrant County, right?</p> <p>20 A. Yes.</p> <p>21 Q. And this is a document from Challenge of</p> <p>22 Tarrant County, correct?</p> <p>23 A. That's correct.</p> <p>24 Q. Okay. And they're a Tarrant County -- well, I</p> <p>25 was going to say a nonprofit. How would you describe</p>	<p style="text-align: right;">Page 221</p> <p>1 Q. Okay. What percentage of their funding comes</p> <p>2 from the County?</p> <p>3 A. It changes over the various years, but if</p> <p>4 you're talking about this document -- okay. So it looks</p> <p>5 like the County contributes \$50,750. That is for</p> <p>6 October -- for November '20 through October '21.</p> <p>7 Q. That's the lion's share of their funding. Am</p> <p>8 I reading this P&L correctly there at page 264? Is the</p> <p>9 lion's share of their funding coming from the -- from</p> <p>10 Tarrant County?</p> <p>11 A. I can't answer that question now, because I</p> <p>12 know they receive other types of funding and I believe</p> <p>13 that I've seen this document in -- in here. One of the</p> <p>14 things that we're required -- the County requires some</p> <p>15 of the nonprofits is that, you know, we provide funding</p> <p>16 on the annual basis, but they basically have to report</p> <p>17 to us the utilization of those moneys, either quarterly</p> <p>18 or an annual report.</p> <p>19 Q. Is that what she's doing in this letter</p> <p>20 because she includes a number of different programs that</p> <p>21 relate to advocacy, recovery? You know, work with --</p> <p>22 A. I would -- it looks as if that's what this</p> <p>23 document is.</p> <p>24 Q. Now some of their initiatives are at the</p> <p>25 university level, some are at the ISD level, some are</p>

<p style="text-align: right;">Page 222</p> <p>1 directly with citizens groups. So can you kind of 2 describe in your own understanding what -- what -- how 3 do they work in the community? In other words, you 4 provide -- Tarrant County provides some level of 5 funding, and then what do they turn around and do? 6 A. So they serve as basically an oversight -- 7 "oversight" may be too broad of a term. But a 8 coordinating entity that coordinates with different -- 9 different agencies and programs in the county to make 10 sure that -- that they are moving all in the same 11 direction. It looks like what I'm seeing here is that 12 they are describing the different programs that are -- 13 that are out in the county. I don't believe that they 14 actually fund these programs. I believe that some of 15 these programs are funded by other -- other revenue. 16 Q. Did you ever consider increasing the funding 17 to Challenge of Tarrant County to address prescription 18 opioid abuse? 19 A. So what we did with Challenge -- and they run 20 the Family Court programs or the Drug Court programs -- 21 we have increased their funding, and we did that in this 22 year because they're taking over a lot of the 23 responsibilities as relates to what -- what that Family 24 Law Court does with individuals that have -- that -- 25 that have opioid addictions or drug addictions and they</p>	<p style="text-align: right;">Page 224</p> <p>1 Q. (BY MR. WAHBY) I'm going to hand you what's 2 been marked as Exhibit 17. 3 A. Thank you. 4 Q. Okay. Exhibit 17, a very similar letter from 5 Ms. Gilley to you. It's one year later. 6 A. 2017? 7 Q. Exhibit 17 -- 8 A. Oh, I'm sorry. 9 Q. -- is a letter -- 10 A. Yeah. 11 Q. -- dated November 15, 2022 -- 12 A. That's correct. 13 Q. -- from Ms. Gilley to you. And it's the same 14 type of update that we reviewed at Exhibit 16. The 15 government grant amount has gone down. 16 A. Okay. Yes. Very slightly, but it has, yes. 17 Q. Right. It's gone down from \$50,750, which it 18 was in the prior year, to, as reflected in this exhibit, 19 \$49,844.93, correct? 20 A. Yeah, about 900 bucks. 21 Q. Okay. So do you know why it was reduced? 22 A. I'm speculating to a certain extent, but this 23 is probably the budget that they have submitted to us, 24 and -- and so it's under the \$50,000 threshold for 25 bidding projects, and so I believe that they came in</p>
<p style="text-align: right;">Page 223</p> <p>1 very well could be pregnant. And so, I think we 2 mentioned it several times today, that our goal is to -- 3 is to try to ensure that that baby when it's born is -- 4 is a healthy baby. 5 Q. And -- but that initiative, as laudable as it 6 is, is unrelated to prescription opioids in the 7 community; it's to address a broad issue that could 8 impact a pregnant mother? 9 MR. JANUSH: Objection. 10 A. Well, it's -- so it -- it could very well be 11 the misuse of opioids and depending what the drug of 12 choice is. 13 Q. (BY MR. WAHBY) Right. So that could be, but 14 it could be any number of maladies that a pregnant 15 mother is trying to navigate during her pregnancy. But 16 the question is that program was not initiated to 17 address opioid prescription abuse? 18 MR. JANUSH: Objection, form. 19 A. It was -- it was created to address 20 individuals who had a drug problem, so -- so that's 21 why -- and, you know, that's why we call it the Drug 22 Court. 23 Q. (BY MR. WAHBY) Right. 24 (Sotto voce discussion.) 25 (Exhibit 17 marked.)</p>	<p style="text-align: right;">Page 225</p> <p>1 with a budget that was below that, and this was the 2 amount that they requested. I cannot recall any time 3 that we did not fund the amount that -- that Challenge 4 had asked for. 5 I would like to point out one thing, though, 6 because it relates to the question that you asked 7 before. If you look on -- on page 265, so you read -- 8 it says, Please find enclosed the financial and 9 programmatic reports for the general assistance funds 10 provided by Challenge of Tarrant County. 11 So when you see the term "general assistance 12 funds," that's a category within our budget that we 13 provide general assistance to -- to a variety of 14 different nonprofits. And so when we talk about the 15 Drug Court, the Drug Court would not necessarily fall 16 within the category of general assistance funds. It 17 would be -- it would be something that would be detailed 18 under a different title. 19 Q. Okay. What would that title be? 20 A. Probably the Drug Court. It's -- I mean, this 21 is just a general category here so -- so -- and I 22 believe that -- I believe, yeah, it's probably under 23 the -- the Tarrant County Drug Court program. 24 Q. And you said that Challenge of Tarrant County 25 was responsible for running the Drug Court program.</p>

<p style="text-align: right;">Page 226</p> <p>1 A. Yeah.</p> <p>2 Q. What does that mean?</p> <p>3 A. It's working with -- with those individuals</p> <p>4 that are assigned to -- to -- to be counseled, to try to</p> <p>5 help them -- to get them treatment to help them get off</p> <p>6 drugs so that -- so that the baby hopefully will be</p> <p>7 healthy.</p> <p>8 It could mean other things, too. I mean, It</p> <p>9 could be parenting skills, those things that -- that</p> <p>10 would end result with a healthy baby.</p> <p>11 Q. Okay.</p> <p>12 (Sotto voce discussion.)</p> <p>13 Q. (BY MR. WAHBY) Then let's fix Exhibit 14.</p> <p>14 Can you hand me Exhibit 14?</p> <p>15 Okay. I was asking you questions about</p> <p>16 Exhibit 14.</p> <p>17 MR. JANUSH: May I please have that</p> <p>18 stapler too? Thanks.</p> <p>19 Q. (BY MR. WAHBY) I will give that back to you.</p> <p>20 My questions were focused on the last page, which was</p> <p>21 attached to a transmittal email from Micky Moerbe to</p> <p>22 Russell Wilson and others, dated August 2nd, 2019. The</p> <p>23 subject is Action Needed, Overdoses Data Brief.</p> <p>24 Correct?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 228</p> <p>1 document and had questions, then -- then they would have</p> <p>2 some answers to either questions that they believed</p> <p>3 would be asked or -- or at least provide the person who</p> <p>4 is -- who is being asked the questions with some -- with</p> <p>5 some additional information.</p> <p>6 Q. Okay. And then on the second page, you recall</p> <p>7 I asked you about heroin and psychostimulants?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. And you asked for a definition of</p> <p>10 psychostimulants. There in the box, you see</p> <p>11 "psychostimulants with abuse potential." And that</p> <p>12 appears to be defined as methamphetamine, MDMA</p> <p>13 'ecstasy,' and ADHD medications, correct?</p> <p>14 A. Yes.</p> <p>15 Q. And to be clear, the mortality overdose deaths</p> <p>16 when you compare the counties on page 2, they're lowest</p> <p>17 in Tarrant County and then these other large counties</p> <p>18 referenced, as well as Texas as a whole, as well as</p> <p>19 compared to the US as a whole, correct?</p> <p>20 A. That's correct.</p> <p>21 Q. Mr. Maenius, do you have an interest in who</p> <p>22 wins this litigation?</p> <p>23 A. Do I have an interest on who wins this</p> <p>24 litigation?</p> <p>25 MR. JANUSH: Objection.</p>
<p style="text-align: right;">Page 227</p> <p>1 Q. Okay. She says, Also attached is the Talking</p> <p>2 Points document -- as an aside, I'll say that was the</p> <p>3 document that I was asking you about previously.</p> <p>4 A. Okay.</p> <p>5 Q. And she refers to the Talking Points document</p> <p>6 to help answer potential questions leadership may</p> <p>7 receive regarding the results provided in the data</p> <p>8 brief. If you have other questions that you feel need</p> <p>9 to be addressed in the Talking Points, please let me</p> <p>10 know and we will add them. Correct?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. Do you have an understanding of what</p> <p>13 she's referring to with respect to potential questions</p> <p>14 leadership may receive?</p> <p>15 In other words, my question for you is do you</p> <p>16 know if she's trying to brief a group of people? Is</p> <p>17 this in connection with some press release that they may</p> <p>18 be having to answer questions? Do you have any</p> <p>19 understanding?</p> <p>20 A. No, I do not. You know, this is an internal</p> <p>21 document that -- and I don't know exactly what Public</p> <p>22 Health was going to use this for. They could have made</p> <p>23 this public to the -- or made this document public, or</p> <p>24 it was just -- it could possibly be something where that</p> <p>25 they wanted to make sure that if anybody saw this</p>	<p style="text-align: right;">Page 229</p> <p>1 Q. (BY MR. WAHBY) Do you have a preference as to</p> <p>2 who wins this litigation?</p> <p>3 A. Yes. If we were at the point where we thought</p> <p>4 that there was cause of action, then I would hope that</p> <p>5 Tarrant County would win this litigation.</p> <p>6 Q. I am going to hand you what's been marked as</p> <p>7 Exhibit 18.</p> <p>8 (Exhibit 18 marked.)</p> <p>9 MR. WAHBY: Let me ask him a question</p> <p>10 about that. We only have two copies.</p> <p>11 MR. JANUSH: Do you need time?</p> <p>12 MR. WAHBY: Just take a look.</p> <p>13 (Sotto voce discussion.)</p> <p>14 MR. JANUSH: Do you need it?</p> <p>15 MR. WAHBY: Yeah.</p> <p>16 Q. (BY MR. WAHBY) Mr. Maenius, you got an email</p> <p>17 from the National Association of Counties introducing</p> <p>18 NACo's Opioid Solutions Center. Correct?</p> <p>19 A. Yes.</p> <p>20 Q. And did you ever rely on NACo's Opioid</p> <p>21 Solutions Center or access their information in any way?</p> <p>22 A. First of all, I don't remember receiving this,</p> <p>23 though apparently I did receive it. In a situation like</p> <p>24 this, what I would have done with this document is</p> <p>25 forward it to my Public Health director and let them do</p>

<p style="text-align: right;">Page 230</p> <p>1 an analysis of this. And so to my knowledge when I was 2 with the County, I don't know if Public Health actually 3 accessed the center. I know that we were talking 4 internally, not with the Commissioners Court, but we 5 were going to receive -- because we had received some 6 moneys from -- from the -- the opioid lawsuit of how we 7 might spend that money, and the consensus was that 8 obviously we needed to -- to spend that money as it 9 relates to treatment and recovery and secondary to 10 enforcement. 11 I will tell you, though, that there's no 12 formal document that states that. That is just simply 13 conversations that we had with interested department 14 heads and because -- because -- because we had just had 15 begun to receive some funding. We may have received 16 some before but had not spent this, but if there was 17 going to be additional funds, we wanted to be sure it 18 was used for the purpose that it was intended to. 19 (Exhibit 19 marked.) 20 Q. (BY MR. WAHBY) Okay. Handing you what's been 21 marked Exhibit 19, Exhibit 19 is an email from 22 Mr. Russell Schaffner? 23 A. "Schaffner." 24 Q. "Schaffner." Dated May 24th, '21 to you at 25 3:31 a.m.</p>	<p style="text-align: right;">Page 232</p> <p>1 expended by the Supreme Court. 2 So -- so what this says is that what this 3 amendment would have done would have, if it passed -- I 4 don't know if it passed or not -- would provide the 5 Texas Supreme Court with a fund to -- for the Texas 6 Access to Justice Foundation. I do not know what that 7 foundation is. 8 Q. Okay. You can put that -- that's in your pile 9 there. 10 A. Thank you. 11 Q. Let me hand you what's been marked as 12 Exhibit 20. 13 (Exhibit 20 marked.) 14 MR. JANUSH: Thanks. 15 MR. WAHBY: Uh-huh. 16 Q. (BY MR. WAHBY) And Exhibit -- okay. 17 Exhibit 20 is a series of emails involving Brandon 18 Eggins and Cheryl Bennett-Wright. 19 A. Okay. 20 Q. The subject is Opioid Usage and Opioid Impact 21 to Tarrant County. Okay. And who is -- who is -- 22 A. Just I want to make a note, first, before we 23 start if you're going to be asking me questions on this. 24 Some of these -- 25 MR. JANUSH: I need to make an objection</p>
<p style="text-align: right;">Page 231</p> <p>1 A. Yes. 2 Q. And he says -- it's to you and others. He's 3 referring to the opioid lawsuit bill. In the second 4 paragraph he says, This amendment allows up to 5 million 5 a year from the State's 15 percent off the top to be 6 allocated to opioid-related civil legal costs (i.e., 7 slush fund for Texas Access to Justice Foundation 8 expended by the Supreme Court). 9 Do you have an understanding as to what that's 10 referring to? 11 A. First of all, I don't know if there is an 12 amendment, that that amendment was actually passed. So 13 as the final paragraph says, you know, we're trying to 14 keep the bill clean. 15 So what my recollection is on this -- and not 16 necessarily this specific email, but -- but there were 17 funds that the State was going to collect that didn't 18 come directly to counties and that there was a proposal 19 in the legislature during this time that -- that would 20 begin to shape how that money would be -- would be 21 distributed, either to State agencies or to -- to local 22 governments. And it says the amendment allows up to 23 \$5 million a year of the State's 15 percent off the top 24 to be allocated to opioid-related civil legal costs, 25 which is a fund for Texas Access to Justice Foundation</p>	<p style="text-align: right;">Page 233</p> <p>1 and seek to claw back this document as attorney/client 2 privilege. This is from the Chief of the Civil -- 3 former Chief of the Civil Division investigating who is 4 appropriate to provide information for this lawsuit and 5 writing to other folks within the law department, 6 courts, health department. 7 I am going to also ask that Tarrant County, 8 through you join, in this objection. Why don't you take 9 a look at this. 10 MR. WAHBY: So my questions go to the 11 exchange between Brandon Eggins and Cheryl 12 Bennett-Wright. 13 MR. JANUSH: Yeah, but you wouldn't have 14 the entire document. 15 MR. KRATOVIL: So certainly beginning on 16 Bates label ending in 584 through 588, those are all 17 communications that involve the Civil Division in the 18 Criminal District Attorney's Office and with individuals 19 we are in an attorney/client relationship with as 20 Tarrant County employees. 21 MR. WAHBY: Okay. My questions are only 22 on the first page 83 -- 583. 23 (Sotto voce discussion.) 24 MR. WAHBY: Do you want me to pull this 25 off?</p>

<p style="text-align: right;">Page 234</p> <p>1 MR. JANUSH: I think so. I appreciate 2 your courtesies in this regard. 3 MR. WAHBY: Okay. So it's this, it's 4 this and this. 5 MR. JANUSH: I grabbed just the first 6 page, so we're good. 7 MR. WAHBY: Okay. Can I have -- let us 8 have your set, and then we'll -- 9 MR. JANUSH: We're going to have to make 10 a copy of just the first page. 11 MR. KRATOVIL: Let me take one more look 12 at that. 13 MR. JANUSH: You should. 14 MR. WAHBY: We're still on the record, 15 but we're good on that clawback? You're going to claw 16 back those pages, and then I can ask questions on the 17 first page? 18 MR. JANUSH: Yeah. And then we'll 19 replace the exhibit with just the one-page exhibit. 20 MR. WAHBY: We already took his exhibit. 21 MR. JANUSH: Is it double-sided like 22 mine, though? 23 MR. WAHBY: Yes, and that's why we took 24 it. We took it. 25 MR. JANUSH: What do you mean "we took</p>	<p style="text-align: right;">Page 236</p> <p>1 A. She works for criminal court administration, 2 and she is the -- she is -- she's one of their senior 3 staffers in that organization. 4 Q. And Mr. Eggins responds and says, That may be 5 a difficult task for FODP. 6 And that stands for First Offender Drug 7 Program, correct? 8 A. Yes. 9 Q. And he goes on to say, Majority of the felony 10 cases have pos c/s, but can't indicate the defendants 11 that had a specific opioid addiction unless I count all 12 the removals that had a positive drug/hair test of a 13 controlled substance or if they indicated something in 14 their application. I read that correctly? 15 A. Yes. 16 Q. So the First Offender Drug Program in the 17 criminal courts are not tracking court cases to 18 determine which are related to opioid or opioid 19 addiction, correct? 20 MR. JANUSH: Objection, form. 21 A. That's correct. It does point out, though, 22 that the majority of the felony cases have possession of 23 a controlled substance. That's what CS stands for. 24 Q. (BY MR. WAHBY) Right. But he goes on to say 25 he can't indicate defendants that had a specific opioid</p>
<p style="text-align: right;">Page 235</p> <p>1 it"? 2 MR. WAHBY: Allison is taking it to go 3 make a copy. 4 MR. JANUSH: Right, right, right. 5 MR. WAHBY: Yeah. Let's just go off the 6 record. 7 THE VIDEOGRAPHER: We're off the record 8 at 5:44 p.m. 9 (Break from 5:44 p.m. to 6:29 p.m.) 10 THE VIDEOGRAPHER: We are back on the 11 record at 6:29 p.m. 12 Q. (BY MR. WAHBY) So Mr. Maenius, if I could 13 direct your attention to Exhibit 20. 14 A. Yes, sir. 15 Q. It's an email exchange between Cheryl Bennett 16 and Brandon Eggins dated November 22nd, 2021, until 17 November 23rd, 2021, correct? 18 A. That's correct. 19 Q. Okay. And Ms. Bennett-Wright is asking for, 20 and I quote, "I need numbers on opioid cases in the past 21 five years. This would only be cases in our programs 22 that we know opioids effected the reason they were in 23 one of our programs." Correct? 24 A. Yes. 25 Q. Who is Ms. Cheryl Bennett-Wright?</p>	<p style="text-align: right;">Page 237</p> <p>1 addiction, correct? 2 A. That's correct, yes, sir. 3 Q. Okay. So do you know how they resolved this 4 inability to identify opioid addiction cases within the 5 body of controlled substance cases? 6 A. No, I do not. 7 Q. Do you know if they ever were able to identify 8 that subset of opioid prescription drug case -- or 9 criminal cases? 10 A. I do not. 11 Q. Okay. One last request actually. 12 A. Yes, sir. 13 Q. And I would like to -- the two binders that 14 you brought into the -- 15 A. Yes. 16 Q. -- deposition room, they had referenced a 17 number of the documents in there. 18 MR. WAHBY: I would like to mark -- 19 you've already noted numbers on your upcoming exhibits, 20 Counsel. Is that right? Because I'm trying to -- I 21 want to mark both of these binders as exhibits, not 22 every document, but I would say Exhibit 21 and 22. But 23 I think you have a numbering system going for your 24 exhibits, so I want to figure out which numbers we're 25 going to use for these two notebooks.</p>

<p style="text-align: right;">Page 238</p> <p>1 MR. JANUSH: I like it. I have 21 and 2 22, so you're going to do 23 and 24. 3 (Sotto voce discussion.) 4 MR. JANUSH: 23, 24 and 25 because 5 there's the complaint, I believe -- or additional 6 documents. In other words, it's almost as if there's 7 three binders, not two. 8 MR. WAHBY: Okay. So we're going to put 9 this back here. And then you're done looking, so if you 10 could go ahead and close this binder -- 11 THE WITNESS: I may have to refer to it. 12 MR. JANUSH: Yeah, yeah. Do you mean 13 close it just for purposes of sticking it? 14 MR. WAHBY: Yeah, just so we can get this 15 thing marked. 16 MR. JANUSH: Okay. 17 MR. WAHBY: Okay. So we're going to make 18 this one 23, okay. 19 THE WITNESS: Uh-huh. 20 (Exhibit 23 marked.) 21 MR. WAHBY: We're going to make this one 22 over here, the second one, 24. 23 Q. (BY MR. WAHBY) And these are the binders that 24 you brought with you that you reviewed in connection 25 with preparing for your deposition?</p>	<p style="text-align: right;">Page 240</p> <p>1 conversations, and now we've marked all of the documents 2 that you've brought with you. Is there anything else 3 you reviewed in connection with preparing to come today 4 and provide your testimony? 5 A. No. 6 Q. Was there anything else you did to prepare and 7 come today to provide your testimony that we haven't 8 already discussed? 9 A. No. 10 MR. WAHBY: Okay. I pass the witness. 11 Thank you, sir. 12 THE WITNESS: Thank you. 13 MR. JANUSH: Let me know when you're 14 ready. 15 THE WITNESS: I'm trying to turn my phone 16 off. 17 MR. JANUSH: Oh, okay. 18 THE WITNESS: All right. I am ready. 19 EXAMINATION 20 BY MR. JANUSH: 21 Q. Mr. Maenius -- 22 A. Yes, sir. 23 Q. -- thank you for all of your time today. I'm 24 going to try to be as brief as I can. 25 In your role as a designated 30(b)(6)</p>
<p style="text-align: right;">Page 239</p> <p>1 A. That's correct. 2 (Exhibit 24 marked.) 3 Q. (BY MR. WAHBY) That's 24. 4 MR. WAHBY: And then that as well? 5 MR. JANUSH: Yeah, that's 25. 6 (Exhibit 25 marked.) 7 THE WITNESS: So does that mean that I 8 leave all of these here? 9 MR. JANUSH: Yes. 10 MR. WAHBY: Yes. So they're going -- 11 they're going to belong to our lovely court reporter 12 now. 13 MR. JANUSH: That's correct. 14 MR. WAHBY: So you don't have to carry 15 them home. That's the good news. 16 Q. (BY MR. WAHBY) And -- and just to be clear, 17 we've reviewed some documents together, and you have now 18 three items we've marked, and that captures everything 19 that you've reviewed in connection with preparing for 20 your deposition today. Is that right? 21 A. Every document, yes. 22 Q. Okay, every document. And we talked about the 23 conversations that you had, correct? 24 A. Yes, uh-huh. 25 Q. So besides -- Okay. And we discussed your</p>	<p style="text-align: right;">Page 241</p> <p>1 corporate witness, have you had access to all of 2 Albertsons's prescription opioid pharmaceutical drug 3 dispensing data that Albertsons produced in this case to 4 the plaintiff? 5 A. No. 6 Q. Did any of the topics in the deposition notice 7 that you received give you an expectation that you were 8 supposed to have somehow requested or gained access to 9 and formed an opinion about the volume of Albertsons's 10 prescription opioid drug dispensing data? 11 MR. WAHBY: Objection, form and leading. 12 A. No. 13 Q. (BY MR. JANUSH) Did you have any expectation 14 that you would be questioned specifically on 15 Albertsons's opioid prescription dispensing statistics? 16 A. No, I did not. 17 Q. Did you sit in on any of the many doctor 18 depositions in which Albertsons's attorneys subpoenaed 19 opioid prescribers in Tarrant County -- 20 MR. WAHBY: Objection. 21 Q. (BY MR. JANUSH) -- and questioned doctors 22 regarding their prescribing history? 23 MR. WAHBY: Objection, form. 24 A. Absolutely not. 25 Q. (BY MR. JANUSH) Did you read any of the</p>

<p style="text-align: right;">Page 242</p> <p>1 transcripts where doctors subpoenaed by Albertsons 2 testified about whether or not Albertsons's pharmacists 3 called them to discuss questionable opioid 4 prescriptions? 5 A. No. 6 MR. WAHBY: Objection, form and leading. 7 THE WITNESS: Sorry. 8 MR. WAHBY: I get the same chance. 9 THE WITNESS: Okay. 10 MR. WAHBY: So just give me a second. 11 Q. (BY MR. JANUSH) Have you ever heard the term 12 "corresponding responsibility"? 13 A. Yes. 14 Q. Are you aware that pharmacies have a duty to 15 verify the medical legitimacy of opioid prescriptions 16 before dispensing them? 17 A. Yes. 18 MR. WAHBY: Objection, form and leading. 19 A. Yes. 20 MR. JANUSH: You can only say "objection, 21 form." You can't see "leading." 22 MR. WAHBY: Technically, I can say 23 "leading." Can I say -- 24 MS. STEWART: You have to say "leading" 25 to preserve a leading objection.</p>	<p style="text-align: right;">Page 244</p> <p>1 dispensing data to Plaintiff Tarrant County and that 2 plaintiffs have advised Albertsons that 35,956 3 prescriptions flagged because a patient was dispensed 4 opioids with overlapping days of supply written by two 5 or more prescribers at the same time. Do you understand 6 what I'm addressing? 7 MR. WAHBY: Objection to the sidebar and 8 leading. 9 Q. (BY MR. JANUSH) Do you understand what I'm 10 addressing, sir? 11 A. Yes. 12 Q. Okay. Did you ever have an opportunity before 13 this deposition to review the 35,956 red flag 14 prescriptions concerning patients dispensed opioid 15 prescriptions with overlapping days of supply written by 16 two or more prescribers? 17 MR. WAHBY: Objection, form and leading. 18 Go ahead. 19 A. No, I did not. 20 Q. (BY MR. JANUSH) Okay. I'm going to represent 21 to you in this case that plaintiffs have advised 22 Albertsons through the discovery process that they 23 believe -- that Plaintiff Tarrant County believes 24 Albertsons's pharmacists dispensed 29,343 prescriptions 25 that flagged for red flag computation 5 that a patient</p>
<p style="text-align: right;">Page 243</p> <p>1 MR. WAHBY: Yeah, I can say "leading." 2 MS. STEWART: That's my understanding. 3 MR. WAHBY: Unless there's protocol 4 saying I can't say "leading." 5 Q. (BY MR. JANUSH) Are you aware that fulfilling 6 the duty, this corresponding responsibility, requires 7 pharmacies to resolve red flags associated with a 8 prescription before dispensing it? 9 A. Yes. 10 MR. WAHBY: Objection, form and leading. 11 A. Yes. 12 Q. (BY MR. JANUSH) Sir, do you have any 13 knowledge about whether red flags are established 14 warning signs used by pharmacists that raise questions 15 about a legitimate -- the legitimacy of a prescription? 16 MR. WAHBY: Objection, form and leading. 17 A. Would you ask that question one more time? 18 Q. (BY MR. JANUSH) Do you have knowledge 19 regarding that red flags are well established warning 20 signs used by pharmacists that raise questions about the 21 legitimacy of a prescription? 22 MR. WAHBY: Objection, leading. 23 A. Yes. 24 Q. (BY MR. JANUSH) In this case I'm going to 25 represent to you that Albertsons produced their</p>	<p style="text-align: right;">Page 245</p> <p>1 was dispensed an opioid, a benzodiazepine and a muscle 2 relaxer on the same day and all prescriptions were 3 written by the same prescriber. Do you understand what 4 I'm addressing? 5 A. Yes. 6 Q. Did you have access as part of your role as a 7 corporate witness to 30 -- to the -- excuse me -- 29,343 8 prescription data demonstrating -- allegedly 9 demonstrating that a patient was dispensed an opioid, a 10 benzodiazepine and a muscle relaxer for overlapping days 11 of supply? 12 MR. WAHBY: Objection, form and leading. 13 A. No, I did not. 14 MR. JANUSH: And by the way, asking 15 whether someone had access, a yes or no question, is 16 just really foundational. It's not leading. 17 MR. WAHBY: It is foundational, but are 18 you asking -- 19 MR. JANUSH: We'll just stop there. Just 20 making a comment on the record. 21 MR. WAHBY: Okay. 22 Q. (BY MR. JANUSH) Red flag computation number 23 7, in this case plaintiffs have -- Plaintiff Tarrant 24 County advised Albertsons that plaintiff believes 25 Albertsons's pharmacists dispensed 152,904 prescriptions</p>

<p style="text-align: right;">Page 246</p> <p>1 where a patient was dispensed an opioid and a 2 benzodiazepine within 30 days of one another. Did you 3 have access to the 152,904 prescriptions from Albertsons 4 that I'm speaking of? 5 A. No. 6 MR. WAHBY: Objection, form and leading. 7 A. Absolutely not. 8 Q. (BY MR. JANUSH) Okay. In this case plaintiff 9 has advised Albertsons that 27,350 prescriptions 10 dispensed by Albertsons's pharmacists were red flagged, 11 or should have been, because a patient was dispensed an 12 opioid and a benzodiazepine on the same day and both 13 prescriptions were written by the same prescriber. Did 14 you have access to that data? 15 MR. WAHBY: Objection, form and leading. 16 A. No, I did not. 17 Q. (BY MR. JANUSH) In this case plaintiff 18 represented to Albertsons that 45,938 prescriptions hit 19 a red flag, called red flag number 10, because a patient 20 was dispensed an opioid prescription over 200 MME per 21 day on or before December 31, 2018, or over 90 MMEs per 22 day after December 31, 2018. Did you have access to 23 those prescriptions to assess Albertsons's culpability 24 in this case? 25 MR. WAHBY: Objection, form and leading.</p>	<p style="text-align: right;">Page 248</p> <p>1 A. No. 2 Q. (BY MR. JANUSH) And why is that? 3 A. Well, first of all, in the -- first of all, 4 I'm not an attorney and I was not part of the original 5 development of this and that's -- that is outside my 6 scope of expertise. 7 Q. Can you pull up Exhibit 13 from your -- 8 A. Yes. 9 Q. -- pile of exhibits? It should be in here for 10 you. 11 A. Okay. I'm almost there. Okay. Yes, I have 12 13. 13 Q. And this -- is Exhibit 13 an intelligence 14 bulletin from Texoma HIDTA Regional Intelligent Support 15 Center dated September 2016? 16 A. Yes. 17 Q. Is this one of the documents that Mr. Wahby 18 presented to you during his examination? 19 A. Yes. 20 Q. And what -- what is the significance of a 21 Texoma bulletin as compared with a HIDTA annual report, 22 for example? 23 MR. WAHBY: Objection, form and leading. 24 Q. (BY MR. JANUSH) Let me ask it differently. 25 Is there a difference between a Texoma</p>
<p style="text-align: right;">Page 247</p> <p>1 A. No, I did not. 2 Q. (BY MR. JANUSH) And I'm going to jump forward 3 to red flag number 13. In this case plaintiff has 4 addressed with Albertsons and produced in discovery 5 their position that Albertsons's pharmacists dispensed 6 119,250 opioid prescriptions where a patient was 7 dispensed more than 210 days of opioid supply of all 8 opioids in a 180-day period. Did you have access to any 9 of that data -- 10 MR. WAHBY: Objection, form and leading. 11 Q. (BY MR. JANUSH) -- before testifying today? 12 A. No, I did not. 13 Q. Sir, as between you and others, such as 14 Tarrant County's attorneys and Tarrant County's experts, 15 who is in the best position to review Albertsons's 16 prescription opioid data and determine Albertsons's 17 potential culpability in this case? 18 A. It would be our attorneys that would have -- 19 would be the ones that should be doing that. 20 Q. Would you ever think that you, as a former 21 county manager, would be deemed a person responsible to 22 review Albertsons's dispensing data of opioids to 23 determine Albertsons's role in contributing to the 24 opioid crisis in Tarrant County? 25 MR. WAHBY: Objection, form, leading.</p>	<p style="text-align: right;">Page 249</p> <p>1 bulletin and a HIDTA annual report? 2 A. Yes, there is. 3 Q. What's the difference? 4 A. Bulletins themselves tend to focus on one 5 particular area, and annual reports are a much more 6 comprehensive document that includes various other 7 elements that are of interest to reporting by Texoma 8 HIDTA. 9 Q. And so what's the title at the top in bold of 10 this particular bulletin? 11 A. "Presence of Counterfeit Hydrocodone Tablets 12 containing Fentanyl in the Texoma HIDTA Region." 13 Q. Would you expect, sir, that there would be any 14 reference to licit or legal prescription opioid drugs in 15 a HIDTA bulletin concerning the presence of counterfeit 16 hydrocodone tablets? 17 A. No, I would not. 18 Q. Do you recall that Mr. Wahby asked you about, 19 you know, where in the document is it addressing, and 20 I'm paraphrasing, but addressing prescription opioids? 21 MR. WAHBY: Objection, form. 22 Q. (BY MR. JANUSH) In other words, Mr. Wahby 23 presented this to you and said this is not addressing 24 prescription opioids in this bulletin, right? 25 A. That's correct.</p>

<p style="text-align: right;">Page 250</p> <p>1 MR. WAHBY: Objection, form.</p> <p>2 A. That's correct.</p> <p>3 Q. (BY MR. JANUSH) Does that surprise you in any</p> <p>4 way?</p> <p>5 A. No. It's a bulletin that deals strictly</p> <p>6 with -- or deals with the presence of counterfeit</p> <p>7 hydrocodone tablets containing fentanyl.</p> <p>8 Q. Are there better HIDTA documents that do</p> <p>9 address the notion of prescription opioids being a</p> <p>10 problem in the Texoma jurisdiction?</p> <p>11 MR. WAHBY: Objection, form and leading.</p> <p>12 A. So documents such as their annual reports</p> <p>13 would have that type of information.</p> <p>14 Q. (BY MR. JANUSH) Okay. All right. Now I am</p> <p>15 going to have you pull up Exhibit 14 that's right in</p> <p>16 front of you.</p> <p>17 Mr. Maenius, Exhibit 14 is a cover email with</p> <p>18 a Tarrant County Public Health Data Brief and Data Brief</p> <p>19 Talking Points that was presented to you by Mr. Wahby</p> <p>20 earlier today. Is that right?</p> <p>21 A. That's correct.</p> <p>22 Q. Okay. And specifically, if you turn to the</p> <p>23 Data Brief Talking Points at the last page, do you</p> <p>24 recall Mr. Wahby questioned you very specifically about</p> <p>25 number 3 where it states, Among Tarrant County overdose</p>	<p style="text-align: right;">Page 252</p> <p>1 understanding of whether morphine, codeine, oxycodone</p> <p>2 and hydrocodone are prescription opioid products?</p> <p>3 A. Yes, they are.</p> <p>4 Q. Let's turn to Exhibit 15, the next one. Do</p> <p>5 you recall that Mr. Wahby presented you with this email</p> <p>6 exchange between Calvin Bond or Chief Bond and David</p> <p>7 Grantham, who is the Director of Intelligence of Tarrant</p> <p>8 County Sheriff's Office as of March 27, 2019?</p> <p>9 A. Yes.</p> <p>10 Q. And do you recall that in questioning you on</p> <p>11 this email Mr. Wahby addressed the notion that there's</p> <p>12 no mention of prescription opioids in this email</p> <p>13 correspondence addressing the intelligence estimate?</p> <p>14 MR. WAHBY: Objection, form.</p> <p>15 A. Yes.</p> <p>16 Q. (BY MR. JANUSH) Mr. Maenius, is it surprising</p> <p>17 in any way to you that the Director of Intelligence was</p> <p>18 addressing drug cartels in this document?</p> <p>19 A. No, it was not surprising to me at all.</p> <p>20 Q. Why was it not surprising to you that the</p> <p>21 Director of Intelligence was addressing drug cartels?</p> <p>22 A. Because they are some of the culprits that are</p> <p>23 involved in drug trafficking in this area. Also, the</p> <p>24 document itself talks about -- about the positioning of</p> <p>25 the Dallas-Fort Worth area as it relates to independent</p>
<p style="text-align: right;">Page 251</p> <p>1 deaths from 2013 through 2017, 23 percent involved</p> <p>2 heroin and 20 percent involved psychostimulants with</p> <p>3 abuse potential? Do you remember that?</p> <p>4 A. That's correct, yes.</p> <p>5 Q. And do you remember that Mr. Wahby also said</p> <p>6 that prescription opioids isn't addressed in those</p> <p>7 figures. Is that right?</p> <p>8 MR. WAHBY: Objection, form.</p> <p>9 A. Yes.</p> <p>10 Q. (BY MR. JANUSH) Okay.</p> <p>11 MR. WAHBY: And leading.</p> <p>12 Q. (BY MR. JANUSH) Mr. Maenius, did Mr. Wahby at</p> <p>13 any point in time point you to the second to last bullet</p> <p>14 which reads (15%) T40.2 other opioids (natural and</p> <p>15 semisynthetic opioids, such as morphine, codeine,</p> <p>16 oxycodone and hydrocodone) were responsible for overdose</p> <p>17 deaths from 2013 to 2017? Did he address that with you</p> <p>18 within this document?</p> <p>19 MR. WAHBY: Objection, form and leading.</p> <p>20 A. No, he did not.</p> <p>21 Q. (BY MR. JANUSH) He only addressed with you</p> <p>22 the -- the heroin deaths and the psychostimulant deaths.</p> <p>23 Is that right?</p> <p>24 A. That's correct.</p> <p>25 Q. Incidentally, do you have an independent</p>	<p style="text-align: right;">Page 253</p> <p>1 control by cartels as drugs come into the state and then</p> <p>2 are used as a transshipment point to other parts of the</p> <p>3 country.</p> <p>4 Q. Now I want to focus your attention very</p> <p>5 specifically on what a Director of Intelligence for the</p> <p>6 Tarrant County Sheriff's Office would do and, by</p> <p>7 contrast, would not do? Are you with me?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. Would the Director of Intelligence for</p> <p>10 the Tarrant County Sheriff's Office have data at his</p> <p>11 fingertips concerning Albertsons's opioid prescription</p> <p>12 dispensing data?</p> <p>13 MR. WAHBY: Objection, form and leading.</p> <p>14 A. No, he would not.</p> <p>15 Q. (BY MR. JANUSH) And so, sir, would you ever</p> <p>16 expect someone like David Grantham, the Director of</p> <p>17 Intelligence for the Tarrant County Sheriff's Office, to</p> <p>18 be addressing the dispensing practices of pharmacies</p> <p>19 such as Albertsons?</p> <p>20 MR. WAHBY: Objection, form and leading.</p> <p>21 A. No, I would not.</p> <p>22 Q. (BY MR. JANUSH) Would Albertsons's opioid</p> <p>23 dispensing practices be outside or within the</p> <p>24 jurisdiction of David Grantham, Director of</p> <p>25 Intelligence, Tarrant County Sheriff's Office?</p>

<p style="text-align: right;">Page 254</p> <p>1 MR. WAHBY: Objection, form.</p> <p>2 A. Would you ask that question one more time?</p> <p>3 Q. (BY MR. JANUSH) Would it be within or outside</p> <p>4 of the jurisdiction of David Grantham as Director of</p> <p>5 Intelligence to be assessing Albertsons's prescription</p> <p>6 dispensing of opioids?</p> <p>7 MR. WAHBY: Objection, form.</p> <p>8 A. Yes, it would be outside of his</p> <p>9 responsibilities.</p> <p>10 Q. (BY MR. JANUSH) Thank you, sir.</p> <p>11 Now we're going to move on to tab 7, and tab 7</p> <p>12 has been marked as Exhibit 21.</p> <p>13 (Exhibit 21 marked.)</p> <p>14 A. You said Exhibit 21.</p> <p>15 Q. (BY MR. JANUSH) Yes, sir. Tab 7 in the</p> <p>16 binder will be easier for you, I think.</p> <p>17 A. Okay. Great.</p> <p>18 THE WITNESS: It's going to be in this</p> <p>19 binder right here.</p> <p>20 MR. WAHBY: So --</p> <p>21 MR. JANUSH: If you recall, because he</p> <p>22 had marked it, I wanted it clean. I've marked it for</p> <p>23 you, and you'll hand it to the court reporter when done.</p> <p>24 THE WITNESS: Okay.</p> <p>25 MR. WAHBY: Okay. But I guess that's</p>	<p style="text-align: right;">Page 256</p> <p>1 Q. (BY MR. JANUSH) Okay. Sir, looking at the</p> <p>2 cover sheet of this document, do you know what a Texoma</p> <p>3 HIDTA 2019 Threat Assessment is?</p> <p>4 A. Yes, I do.</p> <p>5 Q. What is a -- a 2019 threat assessment?</p> <p>6 A. It's basically a report from -- from the</p> <p>7 HIDTA -- Texoma HIDTA, where they determine the</p> <p>8 different types of narcotic and -- and licit drugs and</p> <p>9 illicit drugs, and -- and they talk about in detail some</p> <p>10 of the things that they have found, and they want to</p> <p>11 make sure that -- that there's an understanding that</p> <p>12 those different types of -- of drugs are -- are</p> <p>13 something that -- that people are aware of in the task</p> <p>14 force arena that could -- could increase the -- increase</p> <p>15 the trafficking of these type of drugs.</p> <p>16 Q. Now just for a moment, before we get into this</p> <p>17 document, I want to address your view of whether</p> <p>18 Exhibit 21, a 2019 Threat Assessment, is in any way</p> <p>19 similar to a Texoma bulletin that was marked by</p> <p>20 Mr. Wahby as Exhibit 13.</p> <p>21 MR. WAHBY: Objection to form and</p> <p>22 leading.</p> <p>23 A. So the threat assessment itself is a much more</p> <p>24 detailed document. While the bulletin may -- may talk</p> <p>25 somewhat of some of the elements of the threat</p>
<p style="text-align: right;">Page 255</p> <p>1 going with the court reporter as well because it's in</p> <p>2 his binder?</p> <p>3 MR. JANUSH: It is, but it's going as</p> <p>4 part of a different exhibit since you numbered this as</p> <p>5 Exhibit 24 --</p> <p>6 MR. WAHBY: Okay.</p> <p>7 MR. JANUSH: -- or 23.</p> <p>8 MR. WAHBY: Okay. Well, we'll just focus</p> <p>9 on this being Exhibit 21. And you're questioning him on</p> <p>10 Exhibit 21?</p> <p>11 MR. JANUSH: Yes and no. Fair enough.</p> <p>12 Fair enough.</p> <p>13 MR. WAHBY: If you refer him in all the</p> <p>14 testimony that he's about to give is going to keep</p> <p>15 referring to tab 7, the record is going to get totally</p> <p>16 messed up.</p> <p>17 MR. JANUSH: No, no, I agree. I was only</p> <p>18 asking him to return to it. I've referred to it --</p> <p>19 MR. WAHBY: Okay.</p> <p>20 MR. JANUSH: -- as Exhibit 21.</p> <p>21 MR. WAHBY: Okay.</p> <p>22 MR. JANUSH: I've marked it. I think I</p> <p>23 said now we're going to move on to tab 7, and tab 7 has</p> <p>24 been marked as Exhibit 21.</p> <p>25 MR. WAHBY: Okay.</p>	<p style="text-align: right;">Page 257</p> <p>1 assessment, it is not comprehensive. The -- the threat</p> <p>2 assessment itself is a much more comprehensive document.</p> <p>3 Q. (BY MR. JANUSH) If you wanted to investigate</p> <p>4 or review whether prescription opioids was noticed by</p> <p>5 HIDTA as a significant concern, would you look at an</p> <p>6 annual document like the 2019 Threat Assessment or a</p> <p>7 three page bulletin?</p> <p>8 MR. WAHBY: Objection, form.</p> <p>9 A. I would look for as -- I would look at the</p> <p>10 threat assessment rather than just simply the bulletin.</p> <p>11 Q. (BY MR. JANUSH) Okay. Sir, and on this</p> <p>12 threat assessment, working from Exhibit 21, I'm going to</p> <p>13 ask that you turn to the page ending in 29250.</p> <p>14 A. Yes, sir.</p> <p>15 Q. Are you there?</p> <p>16 A. Yes, I am.</p> <p>17 Q. Okay. Do you see in the middle of the page</p> <p>18 Pharmaceuticals?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. Now I'm going to read. The diversion</p> <p>21 of pharmaceutical drugs continues to be a significant</p> <p>22 drug threat to the Texoma HIDTA region. Hydrocodone,</p> <p>23 oxycodone, alprazolam, steroids and codeine with</p> <p>24 promethazine continue to be the dominant diverted</p> <p>25 controlled substances within the AOR. Did I read that</p>

<p style="text-align: right;">Page 258</p> <p>1 correctly?</p> <p>2 A. You did.</p> <p>3 Q. Now I'm forgetting what AOR stands for. Do</p> <p>4 you have an independent understanding of what AOR stands</p> <p>5 for?</p> <p>6 A. I do not.</p> <p>7 Q. Is it area of responsibility?</p> <p>8 A. Yes, it is.</p> <p>9 Q. Okay. Now let's go to the second paragraph</p> <p>10 beginning with the words, Outside of the threat from</p> <p>11 Mexican DTOs, diversion of controlled pharmaceutical</p> <p>12 drugs from the medical and pharmacy environment, as well</p> <p>13 as the sale of synthetic drugs from retail</p> <p>14 establishments, pose a significant public health and</p> <p>15 public safety threat in the region. Did I read that</p> <p>16 correctly?</p> <p>17 A. Yes, you did.</p> <p>18 Q. Sir, is this speaking about street illicit</p> <p>19 drugs, or is this speaking about pharmaceutical</p> <p>20 prescription opioids?</p> <p>21 MR. WAHBY: Objection, leading.</p> <p>22 A. It says it's controlled pharmaceutical drugs.</p> <p>23 Q. (BY MR. JANUSH) Stated differently -- I will</p> <p>24 ask it differently. What is this paragraph addressing?</p> <p>25 Same question asked differently since I got a leading</p>	<p style="text-align: right;">Page 260</p> <p>1 mean to say that illicit, illegal drugs were a stepping</p> <p>2 stone to illicit illegal drugs?</p> <p>3 A. No, I misspoke. Instead of illicit, I meant</p> <p>4 licit drugs.</p> <p>5 Q. Okay. You also were asked questions</p> <p>6 concerning when prescription opioids became a -- a</p> <p>7 crisis in your mindset in Tarrant County. Do you</p> <p>8 remember that?</p> <p>9 A. Yes, I do.</p> <p>10 Q. And you couldn't or didn't specify a specific</p> <p>11 date, but you did address that it was certainly -- it</p> <p>12 was before COVID. Do you remember testifying in that</p> <p>13 regard?</p> <p>14 A. Yes.</p> <p>15 MR. WAHBY: Objection, form.</p> <p>16 Q. (BY MR. JANUSH) What is this document that</p> <p>17 I've marked as Exhibit 23?</p> <p>18 MR. WAHBY: 22.</p> <p>19 MR. JANUSH: Oh 22, excuse me.</p> <p>20 Q. (BY MR. JANUSH) Exhibit 22, what is this</p> <p>21 document?</p> <p>22 A. So this is a report from -- it's a Drug Impact</p> <p>23 Index that was produced by Tarrant County Challenge.</p> <p>24 Q. Okay. What's the date of this document?</p> <p>25 A. 2007.</p>
<p style="text-align: right;">Page 259</p> <p>1 objection.</p> <p>2 A. It's talking about the diversion of</p> <p>3 controlled pharmaceutical drugs by -- by the medical and</p> <p>4 pharmacy -- from the medical and -- I'm sorry. Let's</p> <p>5 try this again. It's from the medical and pharmacy</p> <p>6 environment.</p> <p>7 Q. Okay. I will put that away.</p> <p>8 (Exhibit 22 marked.)</p> <p>9 Q. (BY MR. JANUSH) Now I have marked what is</p> <p>10 your tab 34 as Exhibit 22. So I believe it is in</p> <p>11 another binder.</p> <p>12 A. Uh-huh. Yes, it is. Did you say tab 34?</p> <p>13 Q. I did, sir.</p> <p>14 A. Okay. Okay.</p> <p>15 Q. Incidentally, earlier today when Mr. Wahby</p> <p>16 questioned you at a point in time about the opioid</p> <p>17 crisis, at one point you answered that licit drugs serve</p> <p>18 as the stepping stone to street drugs. Do you remember</p> <p>19 that?</p> <p>20 A. Yes, I do.</p> <p>21 Q. Did you mean to say that -- sorry, you</p> <p>22 addressed that illicit drugs, not licit -- strike that.</p> <p>23 I have to clear this up because this got muddled.</p> <p>24 Earlier today you had addressed that illicit</p> <p>25 drugs were a stepping stone to street drugs. Did you</p>	<p style="text-align: right;">Page 261</p> <p>1 Q. And when you turn to the first page, can you</p> <p>2 look at the Tarrant County Challenge, Inc. Board of</p> <p>3 Directors from 2007 to 2008 and just review that for a</p> <p>4 moment? Let me know when you're done.</p> <p>5 A. Yes.</p> <p>6 Q. Do any of these names -- are any of these</p> <p>7 names familiar to you?</p> <p>8 A. Several of them are, yes.</p> <p>9 Q. Who stands out as being familiar to you?</p> <p>10 A. Two individuals. First of all, the president</p> <p>11 Lyn Willis. Lyn Willis was a deputy director of our</p> <p>12 Juvenile Probation Department and -- but the one that</p> <p>13 stands out the most is Bobby R. Jones, a veterinarian</p> <p>14 doctor and Master's of Public Health, Dr. Jones was our</p> <p>15 chief epidemiologist for the Public Health Department at</p> <p>16 the time.</p> <p>17 Q. So you viewed Dr. Jones to have been a</p> <p>18 respected chief epidemiologist in the Health Department?</p> <p>19 A. Yes, absolutely.</p> <p>20 Q. And when we turn the page to the page -- it</p> <p>21 should be your third page. It's Challenge or</p> <p>22 CHAL0000553. Do you see that?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. And I'm going to read from the middle</p> <p>25 of the second paragraph. According to Monitoring the</p>

<p style="text-align: right;">Page 262</p> <p>1 Future Survey 2001 to 2006, the past-month usage of 2 illicit drugs by teenagers has decreased approximately 3 23 percent in the past five years; however, prescription 4 opioid abuse has remained high. The Partnership for a 5 Drug Free America reports more than a third of teens 6 (40 percent) and parents (37 percent) think teen abuse 7 of prescription painkillers is safer than abuse of 8 illicit street drugs. The Partnership also reports that 9 teen abuse of prescription and over-the-counter 10 medicines has become entrenched in teen culture. 11 Nearly one in five teens (4.5 million American teens) 12 report abusing prescription medications to get high 13 while one in ten teens (2.4 million) report abusing 14 cough medicine to get high. Research shows that kids 15 who learn about the risks of drugs at home are up to 16 50 percent less likely than their peers to use drugs, 17 yet fewer than a third of teens, just 31 percent, say 18 they are getting that message from their parents. Did I 19 read that correctly? 20 A. Yes, you did. 21 Q. Sir, is there any significance about this 22 document and this statement to you? 23 A. So -- well, yes. First of all, it tells us 24 that while some of the numbers are coming down, 25 prescription opioid abuse has remained high.</p>	<p style="text-align: right;">Page 264</p> <p>1 Q. (BY MR. JANUSH) Okay. And when you look at 2 the note at the bottom it says, The numbers reported 3 here reflect arrests of individuals 17 years of age and 4 under. Synthetic narcotics are prescription drugs which 5 contain opium derivatives. The non-narcotics category 6 includes prescription drugs which are not opium based, 7 inhalants, and all other illicit drugs which do not fall 8 into the categories marijuana or opium/cocaine. Do you 9 see that? 10 A. Yes, I do. 11 Q. And when we look at numbers of arrests at the 12 top bar chart for 1993, the light gray is -- is for 13 opium and cocaine on the -- on the left. Is that right? 14 A. Are you referring to 1999? 15 Q. 1999. You know what? I can't even read these 16 colors, so I'm going to move on from that. 17 Let me ask you this. Taken together when you 18 review this document, what does this document, if 19 anything, tell you about whether there was an opioid 20 issue in Tarrant County in years before 2018? 21 MR. WAHBY: Objection, form and leading. 22 A. Well, it shows that there is an opium/opioid 23 issue in Tarrant County just simply by looking at the 24 bar charts. 25 Q. (BY MR. JANUSH) And just generally --</p>
<p style="text-align: right;">Page 263</p> <p>1 It talks about a third of the teens that 2 believe, and 37 percent of parents believe -- and we've 3 mentioned this before in the presentation today -- think 4 that abuse of prescription painkillers is safer than 5 illicit drugs -- street drugs, which is not a correct 6 statement. I mean, they are just as dangerous, if not 7 more dangerous. 8 And -- that then it also talks about the fact 9 that education is critically important, something else 10 that we've talked about today, where -- that 50 percent 11 of -- of kids are less likely than their peers to use 12 drugs if they receive some type of discussion or 13 education from their parents. 14 Q. Okay. Let's move forward to page 2. It's 15 CHAL0000557, and it has at the top Indicator 2. Let me 16 know when you get there. 17 A. I'm here. 18 Q. Okay. And do you see the heading at the top 19 of the two bar charts that say -- that reads Juvenile 20 Arrests for Drug Possession, Tarrant County? 21 A. Yes, I do. 22 Q. This isn't talking -- is this talking about 23 national statistics or Tarrant County statistics? 24 MR. WAHBY: Objection, form and leading. 25 A. Tarrant County.</p>	<p style="text-align: right;">Page 265</p> <p>1 A. And this -- by the way, this -- this data goes 2 back to 1999. 3 Q. Okay. This data reflects 1999 to 2006, right? 4 A. That's correct. 5 Q. And -- and to be clear, this is only 6 addressing juvenile arrests, right? 7 A. That's correct. 8 Q. So is this data capturing all of the opioid 9 abuse in Tarrant County by juveniles where a juvenile is 10 not caught? 11 A. No. 12 MR. WAHBY: Objection, form and leading. 13 THE WITNESS: Sorry. 14 Q. (BY MR. JANUSH) How about adults? Does 15 this -- does this document capture adult abuse of 16 opioids in Tarrant County? 17 MR. WAHBY: Objection, form and leading. 18 A. No, it does not. 19 Q. (BY MR. JANUSH) Actually, I apologize. It 20 doesn't there. It does at indicator 10 and 11, I 21 believe, so let me steer you to page ending in 565 and 22 566. 23 A. Okay. 24 Q. And so here we see indicators for abuse of 25 various drugs or possession of various drugs where there</p>

<p style="text-align: right;">Page 266</p> <p>1 are arrests. Is that right?</p> <p>2 A. That's correct.</p> <p>3 Q. Okay. And, again, do arrest statistics tell</p> <p>4 this complete story concerning opioid abuse in Tarrant</p> <p>5 County?</p> <p>6 MR. WAHBY: Objection, leading.</p> <p>7 A. No, it does not.</p> <p>8 MR. WAHBY: And form.</p> <p>9 Q. (BY MR. JANUSH) Let's move on to indicator 12</p> <p>10 at page 12. Actually, this -- I'm going to move to</p> <p>11 indicator 13 at page 13 ending in 568.</p> <p>12 A. Okay.</p> <p>13 Q. And here we see -- the title is "Primary Drug</p> <p>14 at Time of Adult Admission to DSHS Funded Facilities</p> <p>15 2006." Do you see that?</p> <p>16 A. Yes.</p> <p>17 Q. And it looks like the 800 admissions at 18</p> <p>18 percent matches the color coding for opiates. Do you</p> <p>19 see that?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. What, if anything, is the significance</p> <p>22 of this 18 percent related to opiates as it concerns</p> <p>23 adult admission to DSHS funded facilities in 2006?</p> <p>24 MR. WAHBY: Objection, form.</p> <p>25 A. So what it means is that -- and we're talking</p>	<p style="text-align: right;">Page 268</p> <p>1 Q. Just a few questions, sir.</p> <p>2 A. Yes, sir.</p> <p>3 Q. If we can go back to the first page of the</p> <p>4 exhibit you were just looking at.</p> <p>5 A. Yes, sir.</p> <p>6 Q. Actually, not the first page, the page that</p> <p>7 ends in 553.</p> <p>8 A. Yes, sir.</p> <p>9 Q. And the paragraph that Mr. Janush read to you,</p> <p>10 beginning "According to Monitoring the Future Survey."</p> <p>11 Do you see that section?</p> <p>12 A. Yes, sir.</p> <p>13 Q. Now the sentence beginning "The Partnership</p> <p>14 for a Drug Free America," that's referring to an opinion</p> <p>15 survey, correct? That's not actually referring to</p> <p>16 statistics that reflect addiction, right?</p> <p>17 A. I do not know exactly what -- I don't know the</p> <p>18 answer to that question.</p> <p>19 Q. Well, Partnership for a Drug Free America</p> <p>20 reports that more than a third of teens (40 percent) and</p> <p>21 parents (37 percent) think teen abuse of prescription</p> <p>22 painkillers is safer than abuse of illicit street drugs.</p> <p>23 That's an opinion survey?</p> <p>24 A. It is.</p> <p>25 Q. So that's not to be meant or that should not</p>
<p style="text-align: right;">Page 267</p> <p>1 about admissions into, you know, the Department of State</p> <p>2 Health -- or Health Services. And what it shows is that</p> <p>3 about 18 percent of the individuals that were admitted</p> <p>4 into these facilities had, you know, an opioid addiction</p> <p>5 and it was the primary drug of abuse.</p> <p>6 Q. (BY MR. JANUSH) Fair to say that the opioid</p> <p>7 crisis in Tarrant County began earlier than 2018,</p> <p>8 preCOVID?</p> <p>9 A. Oh, yes.</p> <p>10 MR. WAHBY: Objection, form and leading.</p> <p>11 Q. (BY MR. JANUSH) What's your answer?</p> <p>12 A. Yes, absolutely.</p> <p>13 Q. Let me ask it differently. When in your --</p> <p>14 when do you believe or how early do you believe the</p> <p>15 opioid crisis, the prescription opioid crisis began in</p> <p>16 Tarrant County?</p> <p>17 A. When you look at -- I'm sorry.</p> <p>18 MR. WAHBY: Go ahead.</p> <p>19 THE WITNESS: Okay.</p> <p>20 A. So when you look at -- at the data that is on</p> <p>21 this chart, at least by 1999.</p> <p>22 MR. JANUSH: Mr. Maenius, thank you for</p> <p>23 your time. I have no further questions at this moment.</p> <p>24 FURTHER EXAMINATION</p> <p>25 BY MR. WAHBY:</p>	<p style="text-align: right;">Page 269</p> <p>1 be interpreted to reflect actual addiction data, right?</p> <p>2 This is what people think, correct?</p> <p>3 A. That's correct.</p> <p>4 Q. Now it goes on, The Partnership also reports</p> <p>5 that teen abuse of prescription and over-the-counter</p> <p>6 medicines has become entrenched in teen culture. Nearly</p> <p>7 one in five teens (4.5 million American teens) report</p> <p>8 abusing prescription medications to get high, while one</p> <p>9 in ten teens (2.4 million) report abusing cough medicine</p> <p>10 to get high, correct?</p> <p>11 A. That's what it says, yes.</p> <p>12 Q. Based on reading this, you can't extrapolate</p> <p>13 or connect that to the experience in Tarrant County, can</p> <p>14 you?</p> <p>15 A. Well, if one makes the assumption that Tarrant</p> <p>16 County is similar to what's happening nationwide, well,</p> <p>17 then these would -- these should correspond, except you</p> <p>18 have to look at the percentages; one in five, which is</p> <p>19 20 percent or one in -- one in ten, which is 10 percent.</p> <p>20 Q. Are you prepared to testify under oath that</p> <p>21 the Tarrant County experience is reflective of what's</p> <p>22 referred to here, or do you not know?</p> <p>23 A. I do not know.</p> <p>24 MR. WAHBY: Okay. No further questions.</p> <p>25 Thank you, sir.</p>

<p style="text-align: right;">Page 270</p> <p>1 THE WITNESS: You're welcome. 2 (Exhibit 26 marked.) 3 FURTHER EXAMINATION 4 BY MR. JANUSH: 5 Q. Mr. Maenius, I am going to hand you what's 6 been marked as Exhibit 26. It's a Tarrant County Drug 7 Impact Index from 2010. 8 A. Okay. 9 Q. And this document is similar to the one we 10 were just working with at Exhibit 22 that was from 2007. 11 Is that right? 12 A. That's correct. 13 Q. Okay. You can work off -- yes, you can work 14 off your tab document, if it's easier, or the formal 15 exhibit, but I'm going to direct your attention -- 16 THE WITNESS: It's tab 36. 17 MR. WAHBY: Oh, Okay. Thank you, sir. 18 Q. (BY MR. JANUSH) I am going to direct your 19 attention to, right at the outset if you flip it open to 20 one page, Challenge 0000636. Are you with me? 21 A. Yes. 22 Q. Okay. And here I'm going to direct your 23 attention to the second paragraph, middle of the page; 24 and in the middle of that paragraph, the sentence 25 beginning, "However, with prescription drugs, the trend</p>	<p style="text-align: right;">Page 272</p> <p>1 been a four time increase in the number of abuse of pain 2 relievers in Americans and, you know, we're talking 3 about an age where you start at 12 years of age. So to 4 me, that's significant because now all at once we -- we 5 have at least data that shows that younger users and 6 abusers are utilizing, you know, pain relievers. And as 7 we talked about today and there's various chart that 8 show this and documents that show this, that the use of 9 licit pain relievers, opioids, is something where that 10 is normally the first drug used before movement is 11 toward heroin. 12 MR. JANUSH: Thank you, Mr. Maenius. I 13 have no further questions. 14 MR. WAHBY: Sorry. Just a few quick 15 questions. 16 THE WITNESS: Sure, absolutely. 17 MR. WAHBY: You're a real prizefighter, I 18 tell you. 19 FURTHER EXAMINATION 20 BY MR. WAHBY: 21 Q. Let me ask you. In 2009 in all of Tarrant 22 County, how many teenagers lived here, the whole county? 23 A. I don't have that data readily at hand. 24 Q. How many live there -- live here now? 25 A. I don't have that data readily at hand.</p>
<p style="text-align: right;">Page 271</p> <p>1 is alarming." Do you see that? 2 A. Yes, I do. 3 Q. And let me continue reading. Just this month, 4 the TEDS (Treatment Episode Data Set) report indicates a 5 fourfold increase in the abuse of pain relievers among 6 Americans 12 years or older between 1998 and 2008. 7 Moreover, the nonmedical use of prescription pain 8 medicine has become the second most prevalent type of 9 illicit drug use, after marijuana. DEA has aggressively 10 targeted the diversion of licit pharmaceuticals to the 11 illicit market in order to stem and reverse this trend. 12 Did I read that correctly? 13 A. Yes, you did. 14 Q. Is this addressing survey reporting, or is 15 treatment episode dataset something more than a survey? 16 MR. WAHBY: Objection to form and 17 leading. 18 A. It's more than a survey. 19 Q. (BY MR. JANUSH) And so when the treatment 20 episode dataset is reporting a fourfold increase in the 21 abuse of prescription pain relievers among Americans 12 22 or older between 1998 and 2008, what, if any, 23 significance does this have for you? 24 MR. WAHBY: Objection, leading. 25 A. Well, it means that -- it means that there's</p>	<p style="text-align: right;">Page 273</p> <p>1 Q. So this exhibit that your counsel had you 2 review, that's national information. That doesn't 3 reflect what's going on in Tarrant County. Isn't that 4 right? 5 A. I can't answer that because I just -- I don't 6 have enough data here. 7 Q. You -- you know that this letter he directed 8 you to at Exhibit 26 does not -- is not referring to 9 900,000 teenagers in Tarrant County, nor is it referring 10 to statistics and drug abuse and the diversion of 11 illicit drugs in Tarrant County in this time. This is a 12 national perspective provided about the what the DEA is 13 doing nationally. Isn't that right? 14 A. That's correct. 15 Q. Okay. So one cannot take Exhibit 26 and the 16 letter that was read to you and use that as a precise 17 reflection as to what's happening in Tarrant County, can 18 they? 19 A. Not a precise issue of what's happening in 20 Tarrant County, but it does show what's happening 21 nationwide and -- and -- so that's what's happening 22 nationwide. 23 Q. And just because something is happening 24 nationwide, that doesn't necessarily mean that that is 25 indicative of what is happening in this great county of</p>

<p style="text-align: right;">Page 274</p> <p>1 Tarrant County. Isn't that right?</p> <p>2 A. That's correct, but Tarrant County is not an</p> <p>3 outlier as it relates to the rest of the country. And</p> <p>4 so we follow various patterns that we see on a national</p> <p>5 level in all particular areas. But -- but in taking</p> <p>6 this statement, it does not indicate specifically those</p> <p>7 issues that are occurring in Tarrant County.</p> <p>8 Q. Let me make it easy for you.</p> <p>9 A. Thank you.</p> <p>10 Q. These are numbers that you're looking at in</p> <p>11 Exhibit 26 of macro level provided by the DEA, and as</p> <p>12 you sit here, you don't have any facts to connect those</p> <p>13 numbers of Exhibit 26 to what is specifically happening</p> <p>14 at that time in Tarrant County, correct?</p> <p>15 A. That's correct.</p> <p>16 MR. JANUSH: Are you done? Sorry.</p> <p>17 MR. WAHBY: No further questions.</p> <p>18 FURTHER EXAMINATION</p> <p>19 BY MR. JANUSH:</p> <p>20 Q. All right. So I have to just correct that --</p> <p>21 that testimony. I only worked with the preamble</p> <p>22 paragraph addressing the national statistics; however,</p> <p>23 the document is a Tarrant County document, isn't it?</p> <p>24 A. Yes, it is.</p> <p>25 MR. WAHBY: Hold on.</p>	<p style="text-align: right;">Page 276</p> <p>1 Q. I am.</p> <p>2 A. Yes. I'm sorry, I thought you were talking to</p> <p>3 opposing counsel.</p> <p>4 Q. All right. Stick with me. I know it's</p> <p>5 getting late, but I only have a couple more questions.</p> <p>6 And so this page, just this page, is</p> <p>7 addressing a national perspective?</p> <p>8 A. Sure.</p> <p>9 Q. Correct?</p> <p>10 A. Yes.</p> <p>11 Q. However, when you get to the table of</p> <p>12 contents, everything else that follows concerns Tarrant</p> <p>13 County and the State of Texas. True or false?</p> <p>14 A. That's correct.</p> <p>15 Q. Okay. So let's flip forward, as an example,</p> <p>16 to --</p> <p>17 MR. WAHBY: That was "objection, form" to</p> <p>18 the last question. That's the definition of a leading</p> <p>19 question.</p> <p>20 Q. (BY MR. JANUSH) Indicator 13, let's go to</p> <p>21 page 13. Primary Drug at Time of Adult Admission to</p> <p>22 DSHS Funded Facilities 2009. And in the box map key or</p> <p>23 chart key, you see at the top opioids -- opiates</p> <p>24 1,159/23%. Do you see that, 1,159 --</p> <p>25 A. Yes, I do.</p>
<p style="text-align: right;">Page 275</p> <p>1 MR. JANUSH: Let me ask --</p> <p>2 THE WITNESS: I'm sorry.</p> <p>3 MR. WAHBY: Objection, form and</p> <p>4 objection, Leading.</p> <p>5 Q. (BY MR. JANUSH) Look at the front cover page</p> <p>6 of this document. What does it say?</p> <p>7 A. Tarrant County Drug Impact Index.</p> <p>8 Q. Okay. 2010, correct?</p> <p>9 A. Yes.</p> <p>10 Q. All right. And the statement on the front</p> <p>11 insert at Challenge 636, Roman numeral little i, is like</p> <p>12 the 2007 earlier document addressing a statement from</p> <p>13 the Drug Enforcement Administration, Dallas Field</p> <p>14 Division, right?</p> <p>15 MR. WAHBY: I genuinely have no idea</p> <p>16 where you are.</p> <p>17 MR. JANUSH: Little i.</p> <p>18 MR. WAHBY: Oh, oh. The front page.</p> <p>19 MR. JANUSH: Challenge 636.</p> <p>20 MR. WAHBY: Got it, sorry.</p> <p>21 Q. (BY MR. JANUSH) Do you see at the bottom of</p> <p>22 the page, it says James L. Capra, Special Agent in</p> <p>23 Charge, Drug Enforcement Administration, Dallas Field</p> <p>24 Division. Do you see that at the bottom?</p> <p>25 A. Oh, I see. Were you asking me?</p>	<p style="text-align: right;">Page 277</p> <p>1 Q. Is that 1,159 primary drug being opiates at</p> <p>2 the time of an adult admission to a Department of State</p> <p>3 Health Services funded facility in 2009?</p> <p>4 A. Yes, it is. That's what that represents, yes.</p> <p>5 Q. And so according to this chart, is this</p> <p>6 23 percent or 1159 primary opioid drug admissions for</p> <p>7 adults in 2009 relating to the United States or to</p> <p>8 Tarrant County?</p> <p>9 MR. WAHBY: Objection, form and leading.</p> <p>10 Q. (BY MR. JANUSH) Or excuse me. To the United</p> <p>11 States or to Texas?</p> <p>12 A. Texas.</p> <p>13 Q. And when we go back a page to Indicator 12,</p> <p>14 how many adult admissions to Tarrant County DSHS funded</p> <p>15 treatment programs existed in year 2000 at the top of</p> <p>16 that chart?</p> <p>17 A. 2,224.</p> <p>18 Q. And how many in 2001?</p> <p>19 A. 2,326.</p> <p>20 Q. How many in 2002?</p> <p>21 A. 3,038.</p> <p>22 Q. How many in 2003?</p> <p>23 A. 3,261.</p> <p>24 Q. How many in 2004?</p> <p>25 A. 3,999.</p>

<p style="text-align: right;">Page 278</p> <p>1 Q. How many in 2005?</p> <p>2 A. 4,608.</p> <p>3 Q. How many in 2006?</p> <p>4 A. 4,374.</p> <p>5 Q. How many in 2007?</p> <p>6 A. 4,565.</p> <p>7 Q. And how many in 2008?</p> <p>8 A. 4,760.</p> <p>9 Q. And how many in 2009?</p> <p>10 A. 4,960.</p> <p>11 Q. Okay. And to be fair, this is just addressing</p> <p>12 adult admissions to Tarrant County concerning Department</p> <p>13 of State Health Services funded treatment programs,</p> <p>14 right?</p> <p>15 A. That's correct.</p> <p>16 Q. And so this may be encompassing all different</p> <p>17 reasons -- drug reasons why someone is seeking help at a</p> <p>18 State funded treatment program, right?</p> <p>19 A. That's correct.</p> <p>20 Q. But it's Tarrant County data. True?</p> <p>21 A. That's true. Yes, that's correct.</p> <p>22 MR. JANUSH: Okay. Mr. Maenius, the day</p> <p>23 has run long, and I'm going to thank you for your time.</p> <p>24 THE WITNESS: You're welcome.</p> <p>25 MR. WAHBY: No further questions, thank</p>	<p style="text-align: right;">Page 280</p> <p>1 REPORTER'S CERTIFICATE</p> <p>2 The undersigned Certified Shorthand Reporter</p> <p>3 licensed in the State of Texas does hereby certify:</p> <p>4 I am authorized to administer oaths or</p> <p>5 affirmations, and prior to being examined, the witness</p> <p>6 was duly administered an oath by me.</p> <p>7 I am not a relative or employee or attorney or</p> <p>8 counsel of any of the parties, nor am I a relative or</p> <p>9 employee of such attorney or counsel, nor am I</p> <p>10 financially interested in the outcome of this action.</p> <p>11 I am the deposition officer who</p> <p>12 stenographically recorded the testimony in the foregoing</p> <p>13 deposition, and the foregoing transcript is a true</p> <p>14 record of the testimony given by the witness.</p> <p>15 Before completion of the deposition, review of</p> <p>16 the transcript [X] was [] was not requested. If</p> <p>17 requested, any changes made by the deponent (and</p> <p>18 provided to the reporter) during the period allowed are</p> <p>19 appended hereto.</p> <p>20 In witness whereof, I have subscribed my name</p> <p>21 this 12th day of March, 2024.</p> <p>22</p> <p>23 <i>Julie C. Brandt</i></p> <p>24 Julie C. Brandt, CSR, RMR, CRR</p> <p>25 TX CSR No. 4018, Exp. 10/31/25</p>
<p style="text-align: right;">Page 279</p> <p>1 you.</p> <p>2 THE WITNESS: Thank you.</p> <p>3 THE VIDEOGRAPHER: All right. We're off</p> <p>4 the record at 7:32 p.m., and that concludes today's</p> <p>5 testimony.</p> <p>6 (Proceedings ended at 7:32 p.m.)</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 281</p> <p>1 Veritext Legal Solutions</p> <p>2 1100 Superior Ave</p> <p>3 Suite 1820</p> <p>4 Cleveland, Ohio 44114</p> <p>5 Phone: 216-523-1313</p> <p>6 March 12, 2024</p> <p>7 To: Sadie Turner, Esq.</p> <p>8 Case Name: National Prescription Opiate Litigation -</p> <p>9 Track 9 (Tarrant County)</p> <p>10 Veritext Reference Number: 6461315</p> <p>11 Witness: G.K. Maenius, 30(B)(6) Deposition Date: 2/29/2024</p> <p>12 Dear Sir/Madam:</p> <p>13 Enclosed please find a deposition transcript. Please have the witness</p> <p>14 review the transcript and note any changes or corrections on the</p> <p>15 included errata sheet, indicating the page, line number, change, and</p> <p>16 the reason for the change. Have the witness' signature notarized and</p> <p>17 forward the completed page(s) back to us at the Production address</p> <p>18 shown</p> <p>19 above, or email to production-midwest@veritext.com.</p> <p>20 If the errata is not returned within thirty days of your receipt of</p> <p>21 this letter, the reading and signing will be deemed waived.</p> <p>22 Sincerely,</p> <p>23 Production Department</p> <p>24</p> <p>25 NO NOTARY REQUIRED IN CA</p>

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<p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2</p> <p>3 ASSIGNMENT REFERENCE NO: 6461315 CASE NAME: National Prescription Opiate Litigation - Track 9 (Tarrant County) DATE OF DEPOSITION: 2/29/2024 4 WITNESS' NAME: G.K. Maenius, 30(B)(6) 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me. 7 I have made no changes to the testimony as transcribed by the court reporter. 8</p> <p>9 _____ Date G.K. Maenius, 30(B)(6) 10 Sworn to and subscribed before me, a Notary Public in and for the State and County, 11 the referenced witness did personally appear and acknowledge that: 12 13 They have read the transcript; They signed the foregoing Sworn Statement; and 14 Their execution of this Statement is of their free act and deed. 15 16 I have affixed my name and official seal 17 this _____ day of _____, 20____. 18 _____ Notary Public 19 _____ Commission Expiration Date 20 21 22 23 24 25</p>	<p>1 ERRATA SHEET VERITEXT LEGAL SOLUTIONS MIDWEST ASSIGNMENT NO: 6461315 2 PAGE/LINE(S) / CHANGE /REASON 3 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____</p> <p>20 _____ Date G.K. Maenius, 30(B)(6) 21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 22 DAY OF _____, 20____. 23 _____ Notary Public 24 _____ 25 Commission Expiration Date</p>
<p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2</p> <p>3 ASSIGNMENT REFERENCE NO: 6461315 CASE NAME: National Prescription Opiate Litigation - Track 9 (Tarrant County) DATE OF DEPOSITION: 2/29/2024 4 WITNESS' NAME: G.K. Maenius, 30(B)(6) 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me. 7 I have listed my changes on the attached Errata Sheet, listing page and line numbers as 8 well as the reason(s) for the change(s). 9 I request that these changes be entered as part of the record of my testimony. 10 11 I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my 12 testimony and be incorporated therein. 13 _____ Date G.K. Maenius, 30(B)(6) 14 15 Sworn to and subscribed before me, a Notary Public in and for the State and County, 16 the referenced witness did personally appear and acknowledge that: 17 They have read the transcript; They have listed all of their corrections 18 in the appended Errata Sheet; They signed the foregoing Sworn 19 Statement; and Their execution of this Statement is of 20 their free act and deed. 21 I have affixed my name and official seal 22 this _____ day of _____, 20____. 23 _____ Notary Public 24 _____ 25 Commission Expiration Date</p>	